

EXHIBIT D

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ROBERT BESEDIN, SR.,

Plaintiff,

-against-

COUNTY OF NASSAU, NASSAU COUNTY POLICE
DEPARTMENT, POLICE OFFICER STEPHEN
BECKWITH AND POLICE OFFICER JOHN
MANTOVANI in their individual and official capacities,

Defendants.

**DOCKET NO.: CV-18-819
(JMA)(GRB)**

**PLAINTIFF'S INITIAL
DISCLOSURES PURSUANT
TO FED R. CIV.PRO. 26**

PLAINTIFF, ROBERT BESEDIN, SR., by and through his attorneys, the LAW OFFICES OF FREDERICK K. BREWINGTON, make the following disclosures pursuant to Rule 26 of the Federal Rules of Civil Procedure:

Plaintiff reserves the right to assert any and all privileges and objections permitted under the Federal Rules of Civil Procedure, the Federal Rules of Evidence and the Local Rules (E.D.N.Y.) which bear on disclosure of the following information and documents. Further Plaintiff reserves the right to more fully disclose any information and documentation as same become known and apparent:

(a)(1)(A) Individuals likely to have discoverable information:

1. ROBERT BESEDIN, SR.,

Mr. Besedin, Sr., is the Plaintiff in this matter, and can be reached through his attorneys the Law Offices of Frederick K. Brewington, 556 Peninsula Boulevard, Hempstead, New York 11550, 516-489-6959. As the Plaintiff, Mr. Besedin, Sr., possess knowledge, and information regarding the facts as set forth in the Complaint of this matter.

2. POLICE OFFICER “STEPHEN” BECKWITH

Police Officers “Stephen Beckwith” is a Defendant in this matter, and can be reached through his attorneys Nassau County Attorneys, One West Street, Mineola, New York 11501, (516) 571-3056. As the Defendant, Officer Beckwith possess knowledge, and information regarding the facts as set forth in the Complaint of this matter.

3. POLICE OFFICER “JOHN” MANTOVANI

Police Officer “John” Mantovani is a Defendant in this matter, and can be reached through his attorneys Nassau County Attorneys, One West Street, Mineola, New York 11501, (516) 517-3056. As the Defendant, Officer Mantovani possess knowledge, and information regarding the facts as set forth in Complaint of this matter.

4. LLOYD J. NADEL, ESQ.

Mr. Nadel is a non party witness, and can be reached at the Law Office of Lloyd J. Nadel, 170 Old Country Road Suite 600 Mineola, New York 11501, (516)877-2200. Mr. Nadel was Plaintiff’s criminal defense attorney, and possess knowledge, and information regarding the facts as set forth in the Complaint of this matter.

(a)(1)(B) A description of all documents, data compilations and tangible things that are relevant in the pleadings:

1. Department of Veterans Affairs Medical Records - Northport
bates stamp #BESEDIN.0001-0166
2. Nassau University Medical Center Medical Records - bates stamp #BESEDIN.0167-0275
3. First District Court Felony Complaint, charging Plaintiff with violation of Penal Law §120.05 03, bates stamp #BESEDIN.0276-0277

4. First District Court Information, charging Plaintiff with Violation of Penal Law §205.30 , bates stamp #BESEDIN.0278
5. First District Court Information, charging Plaintiff with Violation of Penal Law §240.26 , bates stamp #BESEDIN.0279
6. Plaintiff's Complaint, Docket No.: CV-18-819 bates stamp#BESEDIN.0280-0326
7. Nassau District Court Certificate of Disposition, bates stamp #BESEDIN.0327
8. Audio CD of Radio Calls, bates stamp#BESEDIN.0328
9. Audio CD of 911 Calls (28)and (6), bates stamp#BESEDIN.0329- 0330
10. USB containing videos of Police Officers on Robert Besedin's front porch and with police officers bates stamp#BESEDIN.0331
11. Pictures of Robert Besedin's front Porch , Injuries and Truck, bates stamp#0332-0349

(a)(1)(c) A computation of damages has yet to be determined as some of the damages are on-going in nature.

(a)(2)(A) At this time, Plaintiff has not yet determined the experts expected to testify at trial; this information will be provided when it becomes available.

Plaintiff reserves the right to supplement the aforementioned disclosure and/or rely on additional witnesses and documents as same are discovered or become relevant.

Date: Hempstead, New York
April 10, 2019

By:

LAW OFFICES OF
FREDERICK K. BREWINGTON


FREDERICK K. BREWINGTON

Attorneys for Plaintiff
556 Peninsula Boulevard
Hempstead, New York 11550
(516) 489-6959

TO: Ralph J. Reissman, Esq.
Office of the County Attorney
County of Nassau
One West Street
Mineola, New York 11501-4820

RECEIVED

OCT 31 2018

DEPARTMENT OF VETERANS AFFAIRS
LAW OFFICES OF
FREDERICK K. BREWINGTON

DVA MEDICAL CENTER NORTHPORT
79 Middleville Road
Mail Stop: BUS/ROI
Northport, 11768

DATE: 10/29/2018
In Reply Refer To: BUS/ROI
SSN: 8925

LAW OFFICES OF FREDERICK K BREWINGTON
556 PENINSULA BLVD
HEMPSTEAD, NY 11550

RE: ROI Plus Request for ROBERT BESEDIN

Dear LAW OFFICES OF FREDERICK K BREWINGTON:

This individually identifiable information is privileged. Its confidentiality should be maintained along with appropriate security safeguards to protect against individual harm (identity theft), embarrassment, or inconvenience.

Sincerely,



MICHAEL LOUIS FITZPATRICK - Release of Information

Radiology Reports

Printed On Oct 29, 2018

ELBOW 3 OR MORE VIEWS

Exm Date: MAR 08, 2017@16:55

Req Phys: SCALISI, JOSEPH G

Pat Loc: NPT-EMERGENCY ROOM (Req'g Loc)

Img Loc: OUTPATIENT RADIOLOGY

Service: Unknown

(Case 3106 COMPLETE) ELBOW 3 OR MORE VIEWS

(RAD Detailed) CPT:73080

Reason for Study: s/p fall left elbow pain x 1 month

Clinical History:

Attending: SCALISI, JOSEPH G

Side: Left

Report Status: Verified

Date Reported: MAR 08, 2017

Date Verified: MAR 08, 2017

Verifier E-Sig:/ES/JUDY WU

Report:

History: 72 years Male with history of all left elbow pain x 1 month

Technique: 3 views of the left elbow obtained.

Comparison: None.

Findings: Joint alignment is maintained. The radiocapitellar and trochlear-ulnar joint spaces are maintained. No articular or juxta articular erosions seen. There is no chondrocalcinosis. There is no osteochondral joint body seen. No definite joint effusion with evaluation limited due to patient positioning on the lateral view. There is enthesopathy at the triceps tendon insertion. No definite olecranon bursitis. No radiopaque foreign body seen.

Impression:

No acute fracture or dislocation.

Code 4 alert sent to JOSEPH G SCALISI on 3/8/2017 5:16 PM

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB:03/06/1945

VISTA Electronic Medical Documentation

Printed at NORTHPORT VAMC

Besedin_0002

Radiology Reports

Printed On Oct 29, 2018

Primary Interpreting Staff:
JUDY WU, Attending radiologist (Verifier)
/JW

SHOULDER 2 OR MORE VIEWS

Exm Date: MAR 08, 2017@16:55
Req Phys: SCALISI, JOSEPH G

Pat Loc: NPT-EMERGENCY ROOM (Req'g Loc)
Img Loc: OUTPATIENT RADIOLOGY
Service: Unknown

(Case 3107 COMPLETE) SHOULDER 2 OR MORE VIEWS (RAD Detailed) CPT:73030
Reason for Study: right shoulder pain s/p fall 1 month ago

Clinical History:
Attending: SCALISI, JOSEPH G

Right

Report Status: Verified

Date Reported: MAR 08, 2017

Verifier E-Sig:/ES/JUDY WU

Date Verified: MAR 08, 2017

Report:

History: 72-year-old Male with history of right shoulder pain s/p fall 1 month ago.

Technique: 2 radiographs of the right shoulder were obtained.

Reference examination: None.

Findings:

No acute fractures seen in the right shoulder. No destructive osseous lesions seen.

Glenohumeral joint is grossly maintained.

The A.C. joint demonstrates moderate arthrosis. There is mild downsloping of the lateral acromion. The acromiohumeral space appears mildly narrowed.

No ossified joint body seen.

No acute rib fractures seen within the visualized ribs.

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Radiology Reports

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No sizable nodule seen in the visualized portion of the right lung.

No radiopaque foreign body seen.

Impression:

No acute fracture or dislocation.

Moderate arthrosis of the acromioclavicular joint.

Mild downsloping of the lateral acromion. Please correlate for impingement.

Code 4 electronic alert sent to JOSEPH G SCALISI on 3/8/2017 5:13 PM

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:

JUDY WU, Attending radiologist (Verifier)
/JW

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
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DOB: 03/06/1945

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Progress Notes

Printed On Oct 29, 2018

LOCAL TITLE: PC TELEPHONE NOTE
 STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: OCT 26, 2018@12:48 ENTRY DATE: OCT 26, 2018@12:48:36
 AUTHOR: FINNEGAN, LORETTA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Called back veteran regarding his complaint of lower back pain. He said he has this pain since February/worst when he lift and bend down. He also state he went to PMR in NPT and in Baldwin PT (for 2 months_ but 'does nothing to help his back pain'.

He said he is agreeable for back pain evaluation by PMR.
 Provider is informed.

/es/ LORETTA J FINNEGAN, RN
 Outpatient Clinic EMW 4373
 Signed: 10/26/2018 12:52

Receipt Acknowledged By:
 10/26/2018 13:03 /es/ SHIRLEY M TANSIONGCO, MD, FACP
 PC ATTENDING PHYSICIAN

LOCAL TITLE: AUDIOLOGY ADMIN NOTE
 STANDARD TITLE: AUDIOLOGY ADMINISTRATIVE NOTE
 DATE OF NOTE: OCT 18, 2018@16:01 ENTRY DATE: OCT 18, 2018@16:01:22
 AUTHOR: MENJIVAR, SANDY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Veteran mailed in the right Starkey Muse ITE hearing aid for repair. Hearing aid has crack in case. Hearing aid sent for repair then to be mailed back to the veteran's home.

/es/ SANDY MENJIVAR AuD F-AAA
 DOCTOR OF AUDIOLOGY
 Signed: 10/18/2018 16:02

LOCAL TITLE: MEDICINE - TELEPHONE NOTE
 STANDARD TITLE: INTERNAL MEDICINE TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: OCT 05, 2018@16:46 ENTRY DATE: OCT 05, 2018@16:46:51
 AUTHOR: TANSIONGCO, SHIRLEY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Chief complaint: low k

History:

73 year old WHITE MALE with the ff PMHx: HTN, hyperlipidemia and GERD who had routine labs done after his PC appt. K showed 3.4. He claims he's compliant with KCL 30mEq PO QD, Increase potassium chloride 20 mEq twice a day or 40mEq PO QD, patient verbalized understanding.

UREA NITROGEN

21H mg/dL

8 - 20

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB: 03/06/1945

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Progress Notes

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CREATININE	1.3 mg/dL	0.6 - 1.3
POTASSIUM	3.4L mmol/L	3.5 - 5.0

Time spent reviewing chart for medications, labs and reports: 5 minutes

Assessment/Plan:

Hypokalemia secondary to diuretic chlorthalidone: Pt claims he's compliant with KCL 30mEq PO QD, Increase potassium chloride 20 mEq twice a day or 40mEq PO QD, patient verbalized understanding.

/es/ SHIRLEY M TANSIONGCO, MD, FACP

PC ATTENDING PHYSICIAN

Signed: 10/05/2018 16:49

LOCAL TITLE: PC-FOLLOW UP

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: OCT 01, 2018@11:16

ENTRY DATE: OCT 01, 2018@11:16:40

AUTHOR: TANSIONGCO, SHIRLEY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** PC-FOLLOW UP Has ADDENDA ***

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of hypertension, hyperlipidemia and GERD

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)

73 year old WHITE MALE came in for evaluation and management of hypertension, hyperlipidemia and GERD. He complains of lesions on the scalp and temporal areas and anterior auricular area > 1yr. He was seen by VA derma 2015 and agrees for Derma consult. He still complains of low back pain since the police arrest and has only improved a little after PT. No other complaints at this time.

wife: Judy

automechanic repair place, day care, rental property

He has peronal/family problems (son-in-law bipolar, her

daughter is in divorce process, wife is taking care of the grandchildren).

PMH/PSH:

1. Hypertension

2. Gastroesophageal Reflux Disease

3. hyperlipidemia

4. TIA 6/2014

5. s/p tendon rupture repair on the left forearm 2005

6. s/p TBI--coma after MVA 2003

Active Outpatient Medications (excluding Supplies):

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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2510 HARRISON AVE

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Active Outpatient Medications	Status
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	HOLD
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER: pt will start taking it from now on, claims he has enough supply, will call if he needs more	HOLD
5) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	HOLD
6) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
7) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE
8) POTASSIUM CHLORIDE 10MEQ SA TAB TAKE FOUR TABLETS BY MOUTH EVERY DAY FOR POTASSIUM DEFICIENCY	ACTIVE
9) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	HOLD
10) CHLORTHALIDONE 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
11) FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
12) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WHEN NEEDED TAKE FOOD AND DRINK LOTS OF WATER	ACTIVE
13) POTASSIUM CHLORIDE 10MEQ SA TAB TAKE THREE TABLETS BY MOUTH EVERY DAY FOR POTASSIUM DEFICIENCY	ACTIVE
14) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY	ACTIVE
15) CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
16) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
17) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE
18) AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO AFFECTED AREA EVERY DAY FOR DRY SKIN	ACTIVE
20) TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO AFFECTED AREAS	ACTIVE

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Progress Notes

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needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

* The patient is not a wandering risk.

Allergies/ADR: NKDA

SOCIAL HISTORY: TOBACCO: no

ALCOHOL: 1 glass of whisky QD (C+AGE)

RECREATIONAL DRUGS: no

OCCUPATION: auto mechanic; Air Force 1969-70

MARITAL STATUS: married, lives with wife

FAMILY HISTORY: MOTHER -93y/o, arthritis

FATHER -died at age 85, bladder cancer with mets to lungs

1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 151/90 (10/01/2018 11:15) -> 129/74

P = 90 (10/01/2018 11:15)

RR=18 (10/01/2018 11:15)

Temp=afebrile

Weight =257.7 lb [117.1 kg] (10/01/2018 11:15)

Height=67 in [170.2 cm]

BODY MASS INDEX - 40.4 (OCT 01, 2018@11:15:06)

Pain Scale = 1 (10/01/2018 11:15)

GENERAL: Looks right for age, severely obese, oriented x3,
not in cardio-respiratory distress

HEENT: NCAT, PERLLA, EOMI

Lungs/Chest: Clear to auscultation bilaterally.

No wheezes or rhonchi, no rales.

Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur

Abdomen: Audible bowel sounds, soft, non-tender, non-distended,
No hepatosplenomegaly, no palpable masses.

Extrem: No cyanosis, no clubbing, <1+ edema

Pulses: done previously:

DP right 3+, left 4+ (0-4+)

TP (bilateral) 3+(0-4+)

LABS: 4/4/18: CBC, Chem 7/13: reviewed with the patient

K 3.4 L mmol/L 3.5 - 5

PROCEDURE SUMMARY CODE: Abnormal

DATE/TIME PERFORMED: AUG 19, 2015@08:54

The FVC is reduced. The FEV1 and FEV1/FVC are normal.

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Progress Notes

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There is a response to inhaled bronchodilator.

The flow volume loop is coved.

No persistent airway obstruction.

These findings suggest reactive airway disease. Clinical correlation is suggested.

A restrictive component cannot be excluded, suggest static lung volumes and diffusing capacity.

Medical Records (scanned 6/11/14)

1.Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation

2.CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left nferior-anterior temporal region may represnt arachnoid cyst vs focal encephalomalacia; periventricualr chronic ischemic gliosis

3.Carotid doppler 6/4/14: no focal stenosis in bialteral carotid arteries

4.Med list:

Aggrenox 25/200 1 cap BID

Losartan 50mg pO QD

Rosuvastatin 20mg pO QD

Amlodipine 10mg pO QD

Omeprazole 20mg pO QD

5. Labs 6/1/14

ASSESSMENT AND PLAN:

1.Hypertension:controlled, continue Chlorthalidone with KCl, Amlodipine, Losartan

2.Gastroesophageal Reflux Disease: continue Omeprazole

3.TIA 6/2014: continue Aggrenox, Atorvastatin

4.cerumen AD: ear irrigation clinic done, Debrox given

5.hearing loss:continue hearing aids, seen in VA Audiology

6.osteoarthritis, shoulder pain, headache: continue Tylenol or Naproxen

7.hyperlipidemia: uncontrolled, continue Atorvastatin 40mg PO qhs, diet and exercise claims he had dizziness with Atorvastatin but had resolved, the dizziness might be from the early CVA

8.h/o skin lesions, acne?? in different stages:improved, s/p Doxycycline

9.Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose

Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11

Viagra 50mg pO prn

10.Nocturia: continue Flomax 0.8mg PO QD, Finasteride

11.sob on exertion: for EKG 2/25/15 78/min, SR, +45oaxis, normal EKG, and stress test 3/26/15: negative, spirometry to r/o pulmonary etio

12.rhinitis: resolved

13.hyperreactive airway: continue Albuterol

14.depression, anxiety, ETOH abuse: f/u by VA Psych

15.social issues: Social Work consulted

16.right knee,right shoulder pain, back pain: relieved with Advil, continue Naproxen or Advil with food and drink lots water, may take Acetaminophen instead, seen in VA PM&R

17.tinea cruris: Lotrimin cream

18.anxiety: declined VA Psychology

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Besedin 0009

Progress Notes

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19. decreased vision: Optometry for eyeglasses pt will call 631-266-6059 option 1

20. h/o Hypokalemia 2o Chlorthalidone: continue KCL 40mEq PO QD; repeat ktoday

21. h/o chronic kidney disease: repeat today for verification, will request renal sono after verification

22. Health maintenance/Primary Preventions:

Flu shot (Yearly 65 and over or if *): 10/1/18

Pneumovax (Once at 65 or Q5 yrs if *): PPSV23: 11/21/11, PCV13: 12/29/14

Tetanus (Q10 yrs): Td 2005

PSA (Inconclusive 50-70y/o): 1.48

Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given

Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA, on Atorvastatin

Diet and exercise encouraged

HCVAB 4/4/18 9/21/17 NONREACTIVE

Pt advised to bring his medical records on his next visit.

CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC

RTC 6 months or sooner if needed.

/es/ SHIRLEY M TANSIONGCO, MD, FACP
PC ATTENDING PHYSICIAN
Signed: 10/01/2018 11:43

10/01/2018 ADDENDUM

STATUS: COMPLETED

UREA NITROGEN

21H mg/dL

8 - 20

CREATININE

1.3 mg/dL

0.6 - 1.3

POTASSIUM

3.4L mmol/L

3.5 - 5.0

Hypokalemia secondary to diuretic chlorthalidone: Pt claim she's compliant with KCL 30mEq PO QD, Increase potassium chloride 20 mEq twice a day 04 40mEq PO QD, patient verbalized understanding.

/es/ SHIRLEY M TANSIONGCO, MD, FACP
PC ATTENDING PHYSICIAN
Signed: 10/05/2018 16:46

10/24/2018 ADDENDUM

STATUS: COMPLETED

Letter from Frederick K Brewington law office, atty and Counselor at Law, requesting ROI, forwarded to ROI by RN (L).

/es/ SHIRLEY M TANSIONGCO, MD, FACP
PC ATTENDING PHYSICIAN
Signed: 10/24/2018 16:45

10/26/2018 ADDENDUM

STATUS: COMPLETED

Called back veteran regarding his complaint of lower back pain. He said he has this pain since February/worst when he lift and bend down. He also state he went to PMR in NPT and in Baldwin PT (for 2 months_ but 'does nothing to help his back pain'.

He said he is agreeable for back pain evaluation by PMR.

Provider is informed.

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DOB: 03/06/1945

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Besedin 0010

Progress Notes

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/es/ LORETTA J FINNEGAN, RN
 Outpatient Clinic EMW 4373
 Signed: 10/26/2018 12:52

PM&R CPRS

/es/ SHIRLEY M TANSIONGCO, MD, FACP
 PC ATTENDING PHYSICIAN
 Signed: 10/26/2018 13:06

LOCAL TITLE: AUDIOLOGY ADMIN NOTE
 STANDARD TITLE: AUDIOLOGY ADMINISTRATIVE NOTE
 DATE OF NOTE: SEP 21, 2018@08:20 ENTRY DATE: SEP 21, 2018@08:20:11
 AUTHOR: MENJIVAR, SANDY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Veteran called 9/20/2018 reporting that he has been called to serve on jury duty. Veteran requested a letter from the undersigned requesting that he be excused from jury duty due to his hearing loss. Reviewed veterans chart. Veteran was last seen in February 2017 for an audiologic evaluation. Veteran has a moderately-severe to severe sensorineural hearing loss bilaterally. A letter was drafted stating the veteran's diagnosis as well as the possible hearing difficulties he may encounter as a juror. See scanned image in Vista Imaging Display.

/es/ SANDY MENJIVAR AuD F-AAA
 DOCTOR OF AUDIOLOGY
 Signed: 09/21/2018 08:30

LOCAL TITLE: CLINICAL PHARMACY NOTE
 STANDARD TITLE: PHARMACY NOTE
 DATE OF NOTE: AUG 07, 2018@10:05 ENTRY DATE: AUG 07, 2018@10:05:17
 AUTHOR: ERATO, MARINA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient requesting renewal of AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART; rx has expired. Patient was last seen by PCP on 4/4/18 and has an appointment on 10/1/18. CPRS reviewed and as per last PCP note, this medication is to be continued.

Authorizing a 60 day extension of medication as a continuation of therapy.

/es/ Marina Erato, PharmD
 Clinical Pharmacist
 Signed: 08/07/2018 10:06

Receipt Acknowledged By:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB: 03/06/1945

VISTA Electronic Medical Documentation
 Printed at NORTHPORT VAMC

Besedin 0011

Progress Notes

Printed On Oct 29, 2018

08/07/2018 14:35

/es/ SHIRLEY M TANSIONGCO, MD,FACP
PC ATTENDING PHYSICIAN

LOCAL TITLE: MEDICINE - TELEPHONE NOTE
 STANDARD TITLE: INTERNAL MEDICINE TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: APR 05, 2018@16:50 ENTRY DATE: APR 05, 2018@16:50:57
 AUTHOR: TANSIONGCO,SHIRLEY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Chief complaint:low K

History:

73 year old WHITE MALE with the ff PMHx:HTN, hyperlipidemia and GERD who had a routin elabs done which showed K: 3.4. I called the pt and advised him to increase his KCl 40mEq PO QD. He verbalized understanding.
 POTASSIUM 3.4L mmol/L 3.5 - 5.0

Time spent reviewing chart for medications,labs and reports: 5 minutes

Assessment/Plan:

Hypokalemia 2o Chlorthalidone: increase KCL 40mEq PO QD; repeat k in 2 weeks, pt verbalized understanding

/es/ SHIRLEY M TANSIONGCO, MD,FACP
 PC ATTENDING PHYSICIAN
 Signed: 04/05/2018 16:53

LOCAL TITLE: PC-FOLLOW UP
 STANDARD TITLE: PRIMARY CARE NOTE
 DATE OF NOTE: APR 04, 2018@13:50 ENTRY DATE: APR 04, 2018@13:50:36
 AUTHOR: TANSIONGCO,SHIRLEY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** PC-FOLLOW UP Has ADDENDA ***

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of HTN, hyperlipidemia and GERD

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)

73 year old WHITE MALE came in for evaluation and management of HTN, hyperlipidemia and GERD. His low back pain, shoulder pain and knee pain has improved a little after PT. No other complaints at this time.

wife: Judy

automechanic repair place, day care, rental property

He has peronal/family problems (son-in-law bipolar, her

daughter is in divorce process, wife is taking care of the grandchildren).

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

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Progress Notes

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PMH/PSH:

- 1.Hypertension
- 2.Gastroesophageal Reflux Disease
- 3.hyperlipidemia
- 4.TIA 6/2014
- 5.s/p tendon rupture repair on the left forearm 2005
- 6.s/p TBI--coma after MVA 2003

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
2) CHLORTHALIDONE 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
3) FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
4) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
5) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WHEN NEEDED TAKE FOOD AND DRINK LOTS OF WATER	ACTIVE
6) POTASSIUM CHLORIDE 10MEQ SA TAB TAKE THREE TABLETS BY MOUTH EVERY DAY FOR POTASSIUM DEFICIENCY	ACTIVE
7) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY	ACTIVE
8) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
9) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
10) CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
11) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
12) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
13) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
14) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE
15) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE
16) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE
17) AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO AFFECTED AREA EVERY DAY FOR DRY SKIN	ACTIVE
18) TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO AFFECTED AREAS	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

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Progress Notes

Printed On Oct 29, 2018

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

* The patient is not a wandering risk.

Allergies/ADR: NKDA

SOCIAL HISTORY: TOBACCO: no
ALCOHOL: 1 glass of whisky QD (C+AGE)
RECREATIONAL DRUGS: no
OCCUPATION: auto mechanic; Air Force 1969-70
MARITAL STATUS: married, lives with wife

FAMILY HISTORY: MOTHER -93y/o, arthritis
FATHER -died at age 85, bladder cancer with mets to lungs
1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 143/80 (04/04/2018 13:08)-->115/73
P = 76 (04/04/2018 13:08)
RR=18/min
Temp=afebrile
Weight =242 lb [110.0 kg] (04/04/2018 13:08)
Height=67 in [170.2 cm]
BODY MASS INDEX - 38.0 (APR 04, 2018@13:08:39)
Pain Scale = 0 (04/04/2018 13:17)

GENERAL: Looks right for age, severely obese, oriented x3,
not in cardio-respiratory distress

HEENT: NCAT, PERLLA, EOMI

Lungs/Chest: Clear to auscultation bilaterally.
No wheezes or rhonchi, no rales.

Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur

Abdomen: Audible bowel sounds, soft, non-tender, non-distended,
No hepatosplenomegaly, no palpable masses.

Extrem: No cyanosis, no clubbing, <1+ edema

Pulses: done previously:
DP right 3+, left 4+ (0-4+)
TP (bilateral) 3+(0-4+)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

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Progress Notes

Printed On Oct 29, 2018

LABS: 12/21/17: CBC, Chem 7/13: reviewed with the patient
 GLUCOSE non-fasting 126 H 108 H 119 H 119 H mg/dL 70 - 99
 BUN 24 H 30 H 21 H 18 mg/dL 8 - 20
 CREAT 1.2 1.8 H 1.2 1.1 mg/dL .6 - 1.3
 ROCEDURE SUMMARY CODE: Abnormal
 DATE/TIME PERFORMED: AUG 19, 2015@08:54

The FVC is reduced. The FEV1 and FEV1/FVC are normal.
 There is a response to inhaled bronchodilator.
 The flow volume loop is coved.
 No persistent airway obstruction.
 These findings suggest reactive airway disease. Clinical correlation is suggested.

A restrictive component cannot be excluded, suggest static lung volumes and diffusing capacity.

Medical Records (scanned 6/11/14)

- 1.Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation
- 2.CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left nferior-anterior temporal region may represnt arachnoid cyst vs focal encephalomalacia; periventricualr chronic ischemic gliosis
- 3.Carotid doppler 6/4/14: no focal stenosis in bialteral carotid arteries
- 4.Med list:

Aggrenox 25/200 1 cap BID
 Losartan 50mg pO QD
 Rosuvastatin 20mg pO QD
 Amlodipine 10mg pO QD
 Omeprazole 20mg pO QD

5. Labs 6/1/14

ASSESSMENT AND PLAN:

- 1.Hypertension:controlled, continue Chlorthalidone with KCl, Amlodipine, Losartan
- 2.Gastroesophageal Reflux Disease: continue Omeprazole
- 3.TIA 6/2014: continue Aggrenox, Atorvastatin
- 4.cerumen AD: ear irrigation clinic done, Debrox given
- 5.hearing loss:continue hearing aids, seen in VA Audiology
- 6.osteoarthritis, shoulder pain, headache: continue Tylenol or Naproxen
- 7.hyperlipidemia: sl uncontrolled, continue Atorvastatin 40mg PO qhs, diet and exercise, claims he had dizziness with Atorvastatin but had resolved, the dizziness might be from the early CVA
- 8.h/o skin lesions, acne?? in different stages:improved, s/p Doxycycline
- 9.Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11
 Viagra 50mg pO prn
- 10.Nocturia: continue Flomax 0.8mg PO QD
- 11.sob on exertion: for EKG 2/25/15 78/min, SR, +45oaxis, normal EKG, and stress test 3/26/15: negative, spirometry to r/o pulmonary etio
- 12.rhinitis: resolved

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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 2510 HARRISON AVE
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 DOB:03/06/1945

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13.hyperreactive airway: continue Albuterol
 14.depression, anxiety, ETOH abuse: f/u by VA Psych
 15.social issues: Social Work consulted
 16.right knee,right shoulder pain, back pain: relieved with Advil, continue Naproxen or Advil with food and drink lots water, may take Acetaminophen instead, seen in VA PM&R
 17.tinea cruris: Lotrimin cream
 18.anxiety: declined VA Psychology
 19.decreased vision: Optometry for eyeglasses pt will call 631-266-6059 option 1
 20.h/o Hypokalemia 2o Chlorthalidone: continue KCL 30mEq PO QD; repeat k in 2 weeks, pt verbalized understanding
 21.h/o chronic kidney disease: repeat today for verification, will request renal sono after verification
 22.Health maintenance/Primary Preventions:
 Flu shot(Yearly 65 and over or if *): 9/21/17
 Pneumovax(Once at 65 or Q5 yrs if *):PPSV23: 11/21/11,
 PCV13: 12/29/14
 Tetanus (Q10 yrs): Td 2005
 PSA (Inconclusive 50-70y/o):0.66
 Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given
 Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA,on Atorvastatin
 Diet and exercise encouraged
 HCVAB 9/21/17 NONREACTIVE
 Pt advised to bring his medical records on his next visit.
 CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC
 RTC 6 months or sooner if needed.

/es/ SHIRLEY M TANSIONGCO, MD,FACP
 PC ATTENDING PHYSICIAN
 Signed: 04/04/2018 14:05

04/05/2018 ADDENDUM STATUS: COMPLETED
 POTASSIUM 3.4L mmol/L 3.5 - 5.0
 Hypokalemia 2o Chlorthalidone: increase KCL 40mEq PO QD; repeat k in 2 weeks, pt verbalized understanding

/es/ SHIRLEY M TANSIONGCO, MD,FACP
 PC ATTENDING PHYSICIAN
 Signed: 04/05/2018 16:50

08/07/2018 ADDENDUM STATUS: COMPLETED
 Patient requesting renewal of AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART; rx has expired. Patient was last seen by PCP on 4/4/18 and has an appointment on 10/1/18. CPRS reviewed and as per last PCP note, this medication is to be continued.

Authorizing a 60 day extension of medication as a continuation of therapy.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

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Progress Notes

Printed On Oct 29, 2018

/es/ Marina Erato, PharmD
Clinical Pharmacist
Signed: 08/07/2018 10:06

/es/ SHIRLEY M TANSIONGCO, MD,FACP
PC ATTENDING PHYSICIAN
Signed: 08/07/2018 14:35

LOCAL TITLE: AUDIOLOGY OPEN CLINIC NOTE
STANDARD TITLE: AUDIOLOGY NOTE
DATE OF NOTE: MAR 12, 2018@11:02 ENTRY DATE: MAR 12, 2018@11:02:07
AUTHOR: WESTERLIND,DEVON WI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** AUDIOLOGY OPEN CLINIC NOTE Has ADDENDA ***

Received pt's HAs via mail (2017 Starkey Muse i2400 ITE HAs) with the complaint that they do not work. Pt requests to have them sent for repair and mailed to his home.

HAs were occluded with wax. As a courtesy, the HAs will be sent to the manufacturer for repair. Repaired aids will be mailed to his home.

/es/ DEVON WILLIAM WESTERLIND
HEALTH TECHNICIAN
Signed: 03/12/2018 11:04

03/16/2018 ADDENDUM STATUS: COMPLETED
Veteran's repaired hearing aids received from manufacturer and hearing aids mailed to veteran.

/es/ BRIDGETTE M VOLPI
HEALTH TECHNICIAN
Signed: 03/16/2018 14:06

LOCAL TITLE: PC-FOLLOW UP
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: DEC 21, 2017@11:04 ENTRY DATE: DEC 21, 2017@11:04:03
AUTHOR: TANSIONGCO,SHIRLEY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of hypertension, hyperlipidemia and GERD

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

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Progress Notes

Printed On Oct 29, 2018

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)

72 year old WHITE MALE came in for evaluation and management of hypertension, hyperlipidemia and GERD. He underwent pyt PT for his low back pain, shoulder pain and knee pain but got worse initially after the tx abut now have improved. He has peronal/family problems (son-in-law bipolar, her daughter is in divorce process, wife is taking care of the grandchildren). He's being f/u by VA Psych. No other complaints at this time.

wife: Judy

automechanic repair place, day care, rental property

PMH/PSH:

1. Hypertension
2. Gastroesophageal Reflux Disease
3. hyperlipidemia
4. TIA 6/2014
5. s/p tendon rupture repair on the left forearm 2005
6. s/p TBI--coma after MVA 2003

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2)	AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3)	ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4)	CHLORTHALIDONE 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
5)	CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
6)	DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP, SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
7)	FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
8)	FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
9)	FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
10)	LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
11)	NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WHEN NEEDED TAKE FOOD AND DRINK LOTS OF WATER	ACTIVE
12)	OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE
13)	POTASSIUM CHLORIDE 10MEQ SA TAB TAKE THREE TABLETS BY MOUTH EVERY DAY FOR POTASSIUM DEFICIENCY	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

Printed On Oct 29, 2018

- 14) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED ACTIVE
- 15) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE ACTIVE
- 16) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY ACTIVE
- 17) AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO AFFECTED AREA EVERY DAY FOR DRY SKIN ACTIVE
- 18) TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO AFFECTED AREAS ACTIVE

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

* The patient is not a wandering risk.

Allergies/ADR: NKDA

SOCIAL HISTORY: TOBACCO: no

ALCOHOL: 1 glass of whisky QD (C+AGE)

RECREATIONAL DRUGS: no

OCCUPATION: auto mechanic; Air Force 1969-70

MARITAL STATUS: married, lives with wife

FAMILY HISTORY: MOTHER -93y/o, arthritis

FATHER -died at age 85, bladder cancer with mets to lungs
1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 135/79 (12/21/2017 10:59)

P = 87 (12/21/2017 10:59)

RR=18 (12/21/2017 10:59)

Temp=afebrile

Weight =254.9 lb [115.9 kg] (12/21/2017 10:59)

Height=67 in [170.2 cm]

BODY MASS INDEX - 40.0 (DEC 21, 2017@10:59:33)

Pain Scale = 1 (12/21/2017 10:59)

GENERAL: Looks right for age, severely obese, oriented x3,
not in cardio-respiratory distress

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

Printed On Oct 29, 2018

HEENT: NCAT, PERLLA, EOMI
 Lungs/Chest: Clear to auscultation bilaterally.
 No wheezes or rhonchi, no rales.
 Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur
 Abdomen: Audible bowel sounds, soft, non-tender, non-distended,
 No hepatosplenomegaly, no palpable masses.
 Extrem: No cyanosis, no clubbing, 1+ edema
 Pulses: done previously:
 DP right 3+, left 4+ (0-4+)
 TP (bilateral) 3+(0-4+)

LABS: 12/21/17: pending
 9/21/17 CBC, Chem 7/13: reviewed with the patient

GLUCOSE	108 H	119 H	119 H	86	mg/dL	70 - 99
BUN	30 H	21 H	18	16	mg/dL	8 - 20
CREAT	1.8 H	1.2	1.1	1.2	mg/dL	.6 - 1.3

PROCEDURE SUMMARY CODE: Abnormal
 DATE/TIME PERFORMED: AUG 19, 2015@08:54

The FVC is reduced. The FEV1 and FEV1/FVC are normal.
 There is a response to inhaled bronchodilator.
 The flow volume loop is coved.
 No persistent airway obstruction.
 These findings suggest reactive airway disease. Clinical correlation is suggested.
 A restrictive component cannot be excluded, suggest static lung volumes and diffusing capacity.
 Medical Records (scanned 6/11/14)
 1.Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation
 2.CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left inferior-anterior temporal region may represent arachnoid cyst vs focal encephalomalacia; periventricular chronic ischemic gliosis
 3.Carotid doppler 6/4/14: no focal stenosis in bilateral carotid arteries
 4.Med list:
 Aggrenox 25/200 1 cap BID
 Losartan 50mg pO QD
 Rosuvastatin 20mg pO QD
 Amlodipine 10mg pO QD
 Omeprazole 20mg pO QD
 5. Labs 6/1/14

ASSESSMENT AND PLAN:

- 1.Hypertension:controlled, continue Chlorthalidone with KCl, Amlodipine, Losartan
- 2.Gastroesophageal Reflux Disease: continue Omeprazole
- 3.TIA 6/2014: continue Aggrenox, Atorvastatin
- 4.cerumen AD: ear irrigation clinic done, Debrox given
- 5.hearing loss:continue hearing aids, seen in VA Audiology

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

Printed On Oct 29, 2018

6.osteoarthritis, shoulder pain, headache: continue Tylenol or Naproxen
 7.hyperlipidemia: controlled, continue Atorvastatin 40mg PO qhs, diet and exercise, claims he had dizziness with Atorvastatin but had resolved, the dizziness might be from the early CVA
 8.h/o skin lesions, acne?? in different stages:improved, s/p Doxycycline
 9.Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose . Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11
 Viagra 50mg po prn
 10.Nocturia: continue Flomax 0.8mg PO QD
 11.sob on exertion: for EKG 2/25/15 78/min, SR, +45oaxis, normal EKG, and stress test 3/26/15: negative, spirometry to r/o pulmonary etio
 12.rhinitis: resolved
 13.hyperreactive airway: continue Albuterol
 14.depression, anxiety, ETOH abuse: f/u by VA Psych
 15.social issues: Social Work consulted
 16.right knee,right shoulder pain, back pain: relieved with Advil, continue Naproxen or Advil with food and drink lots water, may take Acetaminophen instead, seen in VA PM&R
 17.tinea cruris: Lotrimin cream
 18.anxiety: declined VA Psychology
 19.decreased vision: Optometry for eyeglasses pt will call 631-266-6059 option 1
 20.Hypokalemia 2o Chlorthalidone: continue KCL 30mEq PO QD; repeat k in 2 weeks, pt verbalized understanding
 21.acute vs chronic kideny disease: repeat today for verification, will request renal sono after verification
 22.Health maintenance/Primary Preventions:
 Flu shot(Yearly 65 and over or if *): 9/21/17
 Pneumovax(Once at 65 or Q5 yrs if *):PPSV23: 11/21/11,
 PCV13: 12/29/14
 Tetanus (Q10 yrs): Td 2005
 PSA (Inconclusive 50-70y/o):0.66
 Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given
 Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA,on Atorvastatin
 Diet and exercise encouraged
 HCVAB 9/21/17 NONREACTIVE
 Pt advised to bring his medical records on his next visit.
 CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC
 RTC 3 months or sooner if needed.

/es/ SHIRLEY M TANSIONGCO, MD,FACP
 PC ATTENDING PHYSICIAN
 Signed: 12/21/2017 11:18

LOCAL TITLE: PC NON VISIT NOTE
 STANDARD TITLE: PRIMARY CARE NOTE
 DATE OF NOTE: SEP 21, 2017@16:13 ENTRY DATE: SEP 21, 2017@16:13:29
 AUTHOR: TANSIONGCO,SHIRLEY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)
 BESEDIN,ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

VISTA Electronic Medical Documentation
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Besedin_0021

Progress Notes

Printed On Oct 29, 2018

Chief complaint: low K

History:

72 year old WHITE MALE with the ff PMH: HTN, hyperlipidemia and GERD who was seen earlier today for his PC f/u and had a routine labs done which showed:

UREA NITROGEN	30H mg/dL	8 - 20
CREATININE	1.8H mg/dL	0.6 - 1.3
POTASSIUM	3.0L mmol/L	3.5 - 5.0

Time spent reviewing chart for medications, labs and reports: 5 minutes

Assessment/Plan:

Hypokalemia 2o Chlorthalidone: start KCL 30mEq PO QD; repeat k in 2 weeks, pt verbalized understanding

/es/ SHIRLEY M TANSIONGCO, MD, FACP

PC ATTENDING PHYSICIAN

Signed: 09/21/2017 16:16

LOCAL TITLE: PC-FOLLOW UP

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: SEP 21, 2017@09:14

ENTRY DATE: SEP 21, 2017@09:15:01

AUTHOR: TANSIONGCO, SHIRLEY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** PC-FOLLOW UP Has ADDENDA ***

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of HTN, hyperlipidemia and GERD

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)

72 year old WHITE MALE came in for evaluation and management of HTN, hyperlipidemia and GERD. He still complains of low back pain x 3 mos, sharp, 0/10 pain now, 10/10 yesterday, intermittent, worse when bending over, relieved by rest. He also complains of shoulder and knee pain intermittently. No other complaints at this time.

wife: Judy

automechanic repair place, day care, rental property

PMH/PSH:

1. Hypertension
2. Gastroesophageal Reflux Disease
3. hyperlipidemia
4. TIA 6/2014
5. s/p tendon rupture repair on the left forearm 2005
6. s/p TBI--coma after MVA 2003

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

Printed at NORTHPORT VAMC

Besedin 0022

Progress Notes

Printed On Oct 29, 2018

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2)	AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3)	ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4)	CHLORTHALIDONE 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
5)	CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
6)	DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP, SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
7)	FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
8)	FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
9)	FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
10)	LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
11)	NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WHEN NEEDED TAKE FOOD AND DRINK LOTS OF WATER	ACTIVE
12)	OMEPRazole 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE
13)	SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE
14)	TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE
15)	THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY	ACTIVE
16)	AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO AFFECTED AREA EVERY DAY FOR DRY SKIN	ACTIVE
17)	TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO AFFECTED AREAS	ACTIVE

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

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BESEDIN, ROBERT
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Besedin_0023

Progress Notes

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* The patient is not a wandering risk.

Allergies/ADR:NKDA

SOCIAL HISTORY: TOBACCO:no

ALCOHOL: 1 glass of whisky QD (C+AGE)

RECREATIONAL DRUGS:no

OCCUPATION:auto mechanic; Air Force 1969-70

MARITAL STATUS:married, lives with wife

FAMILY HISTORY: MOTHER -93y/o, arthritis

FATHER -died at age 85, bladder cancer with mets to lungs

1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 136/80 (09/21/2017 09:13)

P = 72 (09/21/2017 09:13)

RR=18 (09/21/2017 09:13)

Temp=afebrile

Weight =250 lb [113.6 kg] (09/21/2017 09:13)

Height=67 in [170.2 cm]

BODY MASS INDEX - 39.2 (SEP 21, 2017@09:13:29)

Pain Scale = 6 (09/21/2017 09:13)

GENERAL: Looks right for age, severely obese, oriented x3,
not in cardio-respiratory distress

HEENT: NCAT, PERLLA, EOMI

Lungs/Chest: Clear to auscultation bilaterally.

No wheezes or rhonchi, no rales.

Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur

Abdomen: Audible bowel sounds, soft, non-tender, non-distended,
No hepatosplenomegaly, no palpable masses.

Extrem: No cyanosis, no clubbing, 1+ edema

Pulses: done previously:

DP right 3+, left 4+ (0-4+)

TP (bilateral) 3+(0-4+)

LABS: 3/17/17 CBC, Chem 7/13: reviewed with the patient

GLUCOSE 119 H 119 H 86 126 H mg/dL 70 - 99

PROCEDURE SUMMARY CODE: Abnormal

DATE/TIME PERFORMED: AUG 19, 2015@08:54

The FVC is reduced. The FEV1 and FEV1/FVC are normal.

There is a response to inhaled bronchodilator.

The flow volume loop is coved.

No persistent airway obstruction.

These findings suggest reactive airway disease. Clinical correlation is

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Progress Notes

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suggested.

A restrictive component cannot be excluded, suggest static lung volumes and diffusing capacity.

Medical Records (scanned 6/11/14)

1.Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation

2.CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left inferior-anterior temporal region may represent arachnoid cyst vs focal encephalomalacia; periventricular chronic ischemic gliosis

3.Carotid doppler 6/4/14: no focal stenosis in bilateral carotid arteries

4.Med list:

Aggrenox 25/200 1 cap BID

Losartan 50mg po QD

Rosuvastatin 20mg po QD

Amlodipine 10mg po QD

Omeprazole 20mg po QD

5. Labs 6/1/14

ASSESSMENT AND PLAN:

1.Hypertension:controlled, continue Chlorthalidone, Amlodipine, Losartan

2.Gastroesophageal Reflux Disease: continue Omeprazole

3.TIA 6/2014: continue Aggrenox, Atorvastatin

4.cerumen AD: ear irrigation clinic done, Debrox given

5.hearing loss:continue hearing aids, seen in VA Audiology

6.osteoarthritis, shoulder pain, headache: continue Tylenol or Naproxen

7.hyperlipidemia: controlled, continue Atorvastatin 40mg PO qhs, diet and exercise, claims he had dizziness with Atorvastatin but had resolved, the dizziness might be from the early CVA

8.h/o skin lesions, acne?? in different stages:improved, s/p Doxycycline

9.Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose

Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11

Viagra 50mg po prn

10.Nocturia: continue Flomax 0.8mg PO QD

11.sob on exertion: for EKG 2/25/15 78/min, SR, +45°axis, normal EKG, and stress test 3/26/15: negative, spirometry to r/o pulmonary etio

12.rhinitis: resolved

13.hyperreactive airway: continue Albuterol

14.depression, anxiety, ETOH abuse: f/u by VA Psych

15.social issues: Social Work consulted

16.right knee,right shoulder pain, back pain: relieved with Advil, continue Naproxen or Advil with food and drink lots water, may take Acetaminophen instead, seen in VA PM&R

17.tinea cruris: Lotrimin cream

18.anxiety: declined VA Psychology

19.decreased vision: Optometry for eyeglasses pt will call 631-266-6059 option 1

20.Health maintenance/Primary Preventions:

Flu shot(Yearly 65 and over or if *): 9/21/17

Pneumovax(Once at 65 or Q5 yrs if *):PPSV23: 11/21/11,

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PCV13: 12/29/14

Tetanus (Q10 yrs): Td 2005

PSA (Inconclusive 50-70y/o): 0.60

Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given

Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA, on Atorvastatin

Diet and exercise encouraged

Pt advised to bring his medical records on his next visit.

CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC

RTC 3 months or sooner if needed.

/es/ SHIRLEY M TANSIONGCO, MD, FACP

PC ATTENDING PHYSICIAN

Signed: 09/21/2017 09:36

09/21/2017 ADDENDUM

STATUS: COMPLETED

UREA NITROGEN

30H mg/dL

8 - 20

CREATININE

1.8H mg/dL

0.6 - 1.3

POTASSIUM

3.0L mmol/L

3.5 - 5.0

Hypokalemia 2o Chlorthalidone: start KCL 30mEq PO QD; repeat k in 2 weeks, pt verbalized understanding

/es/ SHIRLEY M TANSIONGCO, MD, FACP

PC ATTENDING PHYSICIAN

Signed: 09/21/2017 16:13

10/02/2017 ADDENDUM

STATUS: COMPLETED

Received a note from call Center in the Bronx regarding vet c/o back pain since Feb. Informed vet that CHOICE note state all he need to do is contact

ChoiceNet. Per vet nobody told him and does not have any info. Instructed to call NPT ext 4141 (given by PMR ext 7417). Spoke with vet to call nurse back for any questions or concern.

Today he is feeling better. - refused to be seen by primary care at this time 'I have no car'. Instructed to reach us by phone anytime.

/es/ LORETTA J FINNEGAN, RN

Outpatient Clinic EMW 4373

Signed: 10/02/2017 09:41

/es/ SHIRLEY M TANSIONGCO, MD, FACP

PC ATTENDING PHYSICIAN

Signed: 10/02/2017 15:51

10/02/2017 ADDENDUM

STATUS: COMPLETED

Nurse Notes:

Patient called and stated that he has been experiencing severe dull aching back pain, rated 10/10 since 2/7/17 following an accident. He states that the pain is worse with activity but when he is sitting down and not moving, there is no pain. He states that he has been taking Advil but it has not helped to alleviate his pain. He denies of any weakness in his legs, numbness/tingling in

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Progress Notes

Printed On Oct 29, 2018

legs or feet, difficulty urinating, loss of bladder control, difficulty walking, numbness in the leg, numbness in groin/rectal area, dizziness, lightheadedness, or pain that radiates to his neck, shoulders, jaw or arm. Patient encouraged to please go to the VA-Clinic within the next 12-24 hours for further evaluation and examination. The clinics are closed on the weekends so patient was encouraged to go to the VAMC-ER instead but states that he lives over an hour away. He was encouraged to then go to a local hospital ER but he refuses to go. He states that he would rather make an appointment with his PCP tomorrow be seen in the office. Home care measures provided including: restrict to light activities, use a firm mattress or place board under soft mattress, take pain medication, avoid prolonged sitting or lifting. PCP will be made aware to please follow up with patient. Patient can be reached at (516)633-8129 (HOME).

Patient/Caller agrees with plan.

Pt verbalized understanding and agreed.

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Starting at: 10/01/2017 @ 3:31:04 PM

Ending at: 10/01/2017 @ 3:51:32 PM

Length: 20 minutes.

Author: BAXTER, NORDIA K

/es/ NORDIA K BAXTER

VISN 2 TELEPHONE TRIAGE RN

Signed: 10/01/2017 15:52

/es/ SHIRLEY M TANSIONGCO, MD, FACP

PC ATTENDING PHYSICIAN

Signed: 10/02/2017 16:01

12/19/2017 ADDENDUM

STATUS: COMPLETED

*** NURSING - OPC NOTE Has ADDENDA ***

Veteran called to inform that he has been having PT for the last 3 weeks/2 times a week. He said his wife noticed his right knee was swollen (call center note it says therapist twisted his leg). Instructed veteran to go to nearest ER or Northport ER for medical evaluation. He said he has no transportation/unable to go to Northport. Informed him to go to ER for any medical emergency. Nurse likewise called PMR (7417) re: vet c/o of 'i need PT for my back not the knee'. Per PMR they will give him a call.

/es/ LORETTA J FINNEGAN, RN

Outpatient Clinic EMW 4373

Signed: 12/12/2017 11:20

12/12/2017 ADDENDUM

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

Printed On Oct 29, 2018

Undersigned nurse spoke with PT and Choice at ext 4141.

/es/ LORETTA J FINNEGAN, RN
Outpatient Clinic EMW 4373
Signed: 12/12/2017 11:35

/es/ SHIRLEY M TANSIONGCO, MD, FACP
PC ATTENDING PHYSICIAN
Signed: 12/19/2017 14:51

LOCAL TITLE: VHA CHOICE APPROVAL FOR MEDICAL CARE FORM 10-0386
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: AUG 30, 2017@10:10 ENTRY DATE: AUG 30, 2017@10:10:07
AUTHOR: TAGG, MIROSLAWA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Department of Veterans Affairs
VHA Choice Approval for Medical Care
VA-Form 10-0386

Certain protected health information (PHI) may be enclosed; specifically information related to HIV, sickle cell anemia and substance abuse. This specific PHI may NOT be re-disclosed or used by the recipient person or office for any purpose other than that for which the disclosure was made. [Ref. 38 USC 7332(b)(2)(H)(ii)] The information is being disclosed by VA only for the treatment and care of the named patient in the health record. Accounting of disclosure must be maintained when required.

Referral Urgency:
Routine
Indicate time frame for appointment: 5 DAYS

To facilitate "Urgent" scheduling, please include an alternative point of contact's name, telephone number (different than the Local VA Office of Community Care (OCC) staff member listed below), and what their relationship to the patient is (social worker, triage nurse, etc.) in the space provided:

Clinically Indicated Date (CID):
Aug 22, 2017

Category of Care/Type of Specialty: VCL-PHYSICAL THERAPY

Type of Specialist: PHYSICAL THERAPIST

Type of Service/Procedure: EVALUATION & TRATMENT
CHEIF COMPLAINT: low back pain without radicular symptoms PT: LE ROM, strengthening, stretching exercises, lumbosacral stabilization, core strengthening,

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Besedin 0028

Progress Notes

Printed On Oct 29, 2018

modalities as needed for pain (heat, ice, tens), lower extremity balancing exercises, generalized conditioning exercises, teach HEP.

Number of Visits, Frequency, and Duration: TO BE DETERMINED BY HEALTH NET

Eligibility Verification:

As the authorized VA representative, I hereby confirm that the Veteran is eligible for Choice services. The Veteran's basic eligibility was verified in the Veterans Choice Viewer application (VC Viewer) on Aug 28, 2017

Contact the Local VA Office of Community Care (OCC) first to provide information to the VA or to reach a VA ordering provider. All contact from the contractor will be documented in the Veteran's record by the Local VA Office of Community Care (OCC) and the VA provider will be notified for awareness.

Report all Critical Findings related to this authorization to the issuing office below. All other questions regarding this authorization should be directed to: MIRA TAGG 631 261-4400 EXT 2969

Local VA Office of Community Care (OCC) Manager or Equivalent:

Name: OMAIDA WILSON

Title: FEE MANAGER

Local VA Office of Community Care (OCC) Contact

Contact Number (Normal Business Hours): 631 261-4400 EXT 2642

AOD/Emergency Contact After Hours Number: 631 261-4400 EXT 2655

From Station Number:

632

NORTHPORT VAMC NY

79 MIDDLEVILLE ROAD

NORTHPORT

NY

11768-2200

Fax: 631 486-6154

Veteran Information:

Name: BESEDIN, ROBERT

DOB: MAR 6, 1945

SSN: 057-42-8925

Address: 2510 HARRISON AVE, BALDWIN, NY 11510

Phone: Cell: 516 633-8129

Veteran's Alternate Phone:

Veteran's Alternate Address:

Alternate POC for Veteran:

Name:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

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Besedin_0029

Progress Notes

Printed On Oct 29, 2018

Primary NOK: BESEDIN, JUDITH
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510

Relation: SPOUSE
 Phone: 516 546-4786

Address:

Phone:

In accordance with section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (the Act) (Public Law 113-146, 128 Stat. 1754), as amended by the Department of Veterans Affairs (VA), the Expiring Authorities Act of 2014 (Public Law 113-175, 128 Stat. 1902), the Consolidated and Further Continuing Appropriations Act of 2015 (Public Law 113-235, 128 Stat. 2568), and 38 CFR §§ 17.1500-1540, VA will pay for non-VA hospital care and medical services that are authorized by VA for Veterans who are determined by VA to meet the Veterans Choice Program eligibility criteria set forth by section 101 of the Act and 38 CFR § 17.1510 and any other eligibility standards that may apply to particular services (such as health care for newborns of Veterans under 38 CFR § 17.38(a)(xiv) and dental benefits under §§ 17.160-17.169).

/es/ Miroslawa TAGG

Signed: 08/30/2017 10:15

LOCAL TITLE: VETERANS CHOICE NOTE

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: AUG 28, 2017@14:49 ENTRY DATE: AUG 28, 2017@14:49:34

AUTHOR: COVIELLO, JESSIE LOR EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** VETERANS CHOICE NOTE Has ADDENDA ***

VETERANS CHOICE APPOINTMENT INFORMATION

PRE-VISIT INFORMATION:

CHOICE PREFERENCE (OPT-IN/OUT):

Veteran OPT-IN for Choice

Veteran would like to utilize Choice. Advised pt to call 866-606-8198 after 3 days to initiate care.

ELIGIBILITY

Eligibility Type for this Episode of Care is:
 VCL 30 Day

APPROVED SERVICES

Approved Services For This Episode of Care:
 VCL-Physical Therapy

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Progress Notes

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/es/ JESSIE LOREN COVIELLO
FINANCIAL ACCOUNTS TECHNICIAN
Signed: 08/28/2017 14:49

Receipt Acknowledged By:
08/29/2017 07:49

/es/ KRISHTIAN DANTONE
Medical Support Assistant
08/28/2017 16:24 /es/ SUSAN MITAL
ADMINISTRATIVE OFFICER

08/30/2017 ADDENDUM
REFDOC uploaded in DOMA.

STATUS: COMPLETED

/es/ Mirosława TAGG

Signed: 08/30/2017 15:53

09/25/2017 ADDENDUM

STATUS: COMPLETED

HN RETURNED AUTH FOR REASON: "Unable to contact Veteran during Out Bound Call Process". CONTACTED PT. PT TO CALL HN TO OPT-IN. REFDOC RE-UPLOADED.

/es/ Mirosława TAGG

Signed: 09/25/2017 14:14

10/11/2017 ADDENDUM

STATUS: COMPLETED

Sent note in DOMA journal asking to schedule appt for this Vet.

/es/ Mirosława TAGG

Signed: 10/11/2017 11:28

Receipt Acknowledged By:

10/16/2017 12:26 /es/ CHRISTY RAPHAEL
Medical Support Assistant

10/16/2017 ADDENDUM

STATUS: COMPLETED

VETERANS CHOICE APPOINTMENT INFORMATION

PRE-VISIT INFORMATION:

CHOICE APPOINTMENT INFORMATION

Appointment Date and Time: Oct 17, 2017@11:20

Non-VA Provider or Facility Information:

WIPPER, LOUIS, PT; 1783 Grand Ave, Baldwin, NY, 11510; 631
425-7100

/es/ Mirosława TAGG

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOR: 03/06/1945

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Besedin 0031

Progress Notes

Printed On Oct 29, 2018

Signed: 10/16/2017 10:55

Receipt Acknowledged By:

10/16/2017 10:58

/es/ KRISHTIAN DANTONE
Medical Support Assistant

10/16/2017 11:25

/es/ SUSAN MITAL
ADMINISTRATIVE OFFICER

10/16/2017 12:21

/es/ CHRISTY RAPHAEL
Medical Support Assistant

10/20/2017 ADDENDUM

STATUS: COMPLETED

PT CANCELLED THE 10/17/17 APPT AND RE-SCHEDULED FOR 10/24/17 @8:00AM.

/es/ Miroslawa TAGG

Signed: 10/20/2017 11:11

Receipt Acknowledged By:

10/20/2017 13:58

/es/ KRISHTIAN DANTONE
Medical Support Assistant

10/20/2017 14:09

/es/ SUSAN MITAL
ADMINISTRATIVE OFFICER

10/30/2017 ADDENDUM

STATUS: COMPLETED

VETERANS CHOICE APPOINTMENT INFORMATION

POST APPOINTMENT OUTCOME INFORMATION:

Veterans Choice appointment documentation received from non-VA provider and scanned into Vista Imaging. Please open Vista Imaging to review.

ADDITIONAL COMMENTS:

PROFESSIONAL PT IN BALDWIN, INITIAL EVAL, 10/24/17

/es/ Miroslawa TAGG

Signed: 10/30/2017 16:04

Receipt Acknowledged By:

01/05/2018 08:17

/es/ HENNA FAROOQUE

10/30/2017 16:12

/es/ SUSAN MITAL
ADMINISTRATIVE OFFICER

11/02/2017 08:24

/es/ KRISHTIAN DANTONE
Medical Support Assistant

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
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DOB: 03/06/1945VISTA Electronic Medical Documentation
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Besedin_0032

Progress Notes

Printed On Oct 29, 2018

12/12/2017 ADDENDUM

STATUS: COMPLETED

VETERANS CHOICE APPOINTMENT INFORMATION

POST APPOINTMENT OUTCOME INFORMATION:

Veterans Choice appointment documentation received from non-VA provider and scanned into Vista Imaging. Please open Vista Imaging to review.

ADDITIONAL COMMENTS:

PROFESSIONAL PT IN BALDWIN, DAILY NOTES, 10/27-12/08/17

/es/ Mirosława TAGG

Signed: 12/12/2017 14:08

Receipt Acknowledged By:

12/12/2017 16:22

/es/ SUSAN MITAL

ADMINISTRATIVE OFFICER

01/18/2018 09:58

/es/ CHRISTY RAPHAEL

Medical Support Assistant

LOCAL TITLE: AUDIOLOGY ADMIN NOTE

STANDARD TITLE: AUDIOLOGY ADMINISTRATIVE NOTE

DATE OF NOTE: JUL 31, 2017@15:16

ENTRY DATE: JUL 31, 2017@15:16:47

AUTHOR: MENJIVAR, SANDY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Veteran sent in right Starkey Muse ITE hearing aid for repair stating that the hearing aid is not functioning. Mic covers were found to be covered with debris. Changed mic covers, hearing aid sound loud and clear. Veteran was called and advised to brush mic covers and instructed on how to change mic covers. Hearing aid mailed back to veteran's home. Mic covers were ordered through ROES.

/es/ SANDY MENJIVAR AuD F-AAA

DOCTOR OF AUDIOLOGY

Signed: 07/31/2017 15:19

LOCAL TITLE: PHYSICAL MED & REHAB CONSULT

STANDARD TITLE: PHYSICAL MEDICINE REHAB CONSULT

DATE OF NOTE: JUL 20, 2017@10:19

ENTRY DATE: JUL 20, 2017@10:19:13

AUTHOR: FAROOQUE, HENNA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** PHYSICAL MED & REHAB CONSULT Has ADDENDA ***

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

Printed at NORTHPORT VAMC

Progress Notes

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Specify reason for request:right knee,right shoulder pain, back pain

This is a 72 year old MALE PMH HTN, GERD, hyperlipidemia, TIA presenting to the clinic for evaluation for back. patient states he was assaulted in feb 2017 and he was thrown down a flight of stairs. Patient was taken to NUMC ED to be evaluated for imaging and was discharged. Patient has been taking advil for the back pain and states he has some relief. Patient denies any shooting pain down lower extremities, denies any numbness/tingling of lower extremities. Denies any issues with bowel/bladder function. patient denies the use of a back brace or any assisted devices. Currently working in the automotive business (mechanic) and states that he continues to work through the pain. Denies previous interventional procedures for the back or surgical intervention. States prior to feb 2017, he had no back pain. No other complaints/concerns at this time.

Past Medical History:

Active Problem

Impacted cerumen * (ICD-9-CM 380.4) 11/21/2011 TANSIONGCO,SHIRLEY
 Hypertension * (ICD-9-CM 401.9) 401 11/21/2011 TANSIONGCO,SHIRLEY
 Gastroesophageal Reflux Disorder * 11/21/2011 TANSIONGCO,SHIRLEY
 Hearing loss * (ICD-9-CM 389.9) 389 11/21/2011 TANSIONGCO,SHIRLEY
 Hyperlipidemia 272.4 04/20/2012 TANSIONGCO,SHIRLEY
 H/O: TIA (SNOMED CT 161511000) V12. 06/24/2014 TANSIONGCO,SHIRLEY
 FITTING AND ADJUSTMENT OF HEARING A 08/11/2014 WESTERLIND,DEVON WILLIAM
 Dyspnea on exertion 786.09 02/25/2015 TANSIONGCO,SHIRLEY
 Benign essential hypertension I10. 12/02/2015 TANSIONGCO,SHIRLEY
 Gastroesophageal reflux disease K21 12/02/2015 TANSIONGCO,SHIRLEY
 Hyperlipidemia E78.0 12/02/2015 TANSIONGCO,SHIRLEY
 TIA Z86.73 12/02/2015 TANSIONGCO,SHIRLEY
 Hyperlipidemia E78.00 03/17/2017 TANSIONGCO,SHIRLEY

Medications:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4) CHLORTHALIDONE 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
5) CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
6) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
7) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

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Progress Notes

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- DAY FOR PROSTATE
- 8) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 ACTIVE
SPRAY IN EACH NOSTRIL EVERY DAY
 - 9) FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY ACTIVE
 - 10) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY ACTIVE
FOR BLOOD PRESSURE OR HEART
 - 11) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A ACTIVE
DAY WHEN NEEDED TAKE FOOD AND DRINK LOTS OF WATER
 - 12) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH ACTIVE
EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY
STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1
REFILL ONLY)
 - 13) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY ACTIVE
MOUTH WHEN NEEDED AS DIRECTED
 - 14) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT ACTIVE
BEDTIME FOR PROSTATE
 - 15) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY ACTIVE
DAY FOR VITAMIN DEFICIENCY

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver. Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

Allergies:

Patient has answered NKA

Social/Functional:

NOT EMPLOYED - RETIRED

Radiology:

no lumbar spine imaging at VA - had xray at lumbar spine at NUMC which according to patient were negative

Physical Examination

GEN: NAD, AAOx3, who appears as stated age. Patient is casually dressed, with good grooming and hygiene. Patient ambulates independently

ROM: WNL b/l LE, lumbar spine forward flexion mildly limited 2/2 hamstring tightness, extension, sidebending/rotation WNL

PALPATION: tender lumbar paraspinals

SENSORY: Intact and symmetrical to light touch b/l LE

Muscle Strength:	R	L
Hip Flexion:	5/5	5/5
Knee Extension:	5/5	5/5
Knee Flexion:	5/5	5/5

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Ankle Dorsiflex: 5/5 5/5
 Ankle Plantflex: 5/5 5/5

TESTs: straight Leg Test - negative bilaterally
 Kemp's test- negative bilaterally
 Seated Flexion - negative bilaterally

Impression: This is a 72 year old MALE presenting to the clinic for evaluation of low back pain

Plan:

- PHYSICAL THERAPY: LOW BACK
- LE ROM, strengthening, stretching exercises, lumbosacral stabilization, core strengthening, modalities as needed for pain (heat, ice, tens), lower extremity balancing exercises, generalized conditioning exercises, teach HEP..
- plan discussed with patient who is agreeable
- patient seen, examined, and management discussed with Dr. James
- RTC PRN

/es/ HENNA FAROOQUE

Signed: 07/20/2017 10:47

Receipt Acknowledged By:

07/20/2017 10:57 /es/ KAREN JAMES
 M.D., PM&R ATTENDING

07/20/2017 ADDENDUM

STATUS: COMPLETED

The patient was seen with the resident and plan of care was formulated together. The encounter was under complete supervision.
 Pt complains of pain with lifting but not at rest

/es/ KAREN JAMES

M.D., PM&R ATTENDING

Signed: 07/20/2017 10:58

LOCAL TITLE: PC-FOLLOW UP

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: JUN 21, 2017@11:02

ENTRY DATE: JUN 21, 2017@11:02:06

AUTHOR: TANSIONGCO,SHIRLEY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** PC-FOLLOW UP Has ADDENDA ***

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

VISTA Electronic Medical Documentation
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Besedin 0036

Progress Notes

Printed On Oct 29, 2018

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of hypertension, hyperlipidemia and GERD

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)

72 year old WHITE MALE came in for evaluation and management of hypertension, hyperlipidemia and GERD. He still complains of low back pain x 3 mos, sharp, 0/10 pain now, 10/10 yesterday, intermittent, worse when bending over, relieved by rest. He also complains of shoulder and knee pain but no pain now but had it x several mos. Shoulder and elbow x-r done in 3/2017: no fx. He "breaths heavy when he's doing something". He had a stress test on 3/26/15: normal. No other complaints at this time.

wife: Judy

automechanic repair place, day care, rental property

PMH/PSH:

1. Hypertension
2. Gastroesophageal Reflux Disease
3. hyperlipidemia
4. TIA 6/2014
5. s/p tendon rupture repair on the left forearm 2005
6. s/p TBI--coma after MVA 2003

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4) CHLORTHALIDONE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY	ACTIVE
5) CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
6) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP, SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
7) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
8) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
9) FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
10) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
11) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
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DOB: 03/06/1945

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- DAY WHEN NEEDED TAKE FOOD AND DRINK LOTS OF WATER
- 12) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH ACTIVE
EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY
STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1
REFILL ONLY)
 - 13) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY ACTIVE
MOUTH WHEN NEEDED AS DIRECTED
 - 14) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT ACTIVE
BEDTIME FOR PROSTATE
 - 15) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY ACTIVE
DAY FOR VITAMIN DEFICIENCY
 - 16) AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO ACTIVE
AFFECTED AREA EVERY DAY FOR DRY SKIN
 - 17) TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT ACTIVE
TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO
AFFECTED AREAS

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

* The patient is not a wandering risk.

Allergies/ADR:NKDA

SOCIAL HISTORY: TOBACCO:no
ALCOHOL: 1 glass of whisky QD (C+AGE)
RECREATIONAL DRUGS:no
OCCUPATION:auto mechanic; Air Force 1969-70
MARITAL STATUS:married, lives with wife

FAMILY HISTORY: MOTHER -93y/o, arthritis
FATHER -died at age 85, bladder cancer with mets to lungs
1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 146/83 (06/21/2017 10:55)
P = 87 (06/21/2017 10:55)
RR=18 (06/21/2017 10:55)
Temp=afebrile
Weight =264 lb [120.0 kg] (06/21/2017 10:55)
Height=67 in [170.2 cm]

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB:03/06/1945

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Progress Notes

Printed On Oct 29, 2018

BODY MASS INDEX - 41.4 (JUN 21, 2017@10:55:46)
Pain Scale = 0 (06/21/2017 10:55)

GENERAL: Looks right for age, severely obese, oriented x3,
not in cardio-respiratory distress
HEENT: NCAT, PERLLA, EOMI
Lungs/Chest: Clear to auscultation bilaterally.
No wheezes or rhonchi, no rales.
Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur
Abdomen: Audible bowel sounds, soft, non-tender, non-distended,
No hepatosplenomegaly, no palpable masses.
Extrem: No cyanosis, no clubbing, 1+ edema
Pulses: done previously:
DP right 3+, left 4+ (0-4+)
TP (bilateral) 3+(0-4+)

LABS: 3/17/17 CBC, Chem 7/13: reviewed with the patient
GLUCOSE 119 H 119 H 86 126 H mg/dL 70 - 99
PROCEDURE SUMMARY CODE: Abnormal
DATE/TIME PERFORMED: AUG 19, 2015@08:54

The FVC is reduced. The FEV1 and FEV1/FVC are normal.
There is a response to inhaled bronchodilator.
The flow volume loop is coved.
No persistent airway obstruction.
These findings suggest reactive airway disease. Clinical correlation is suggested.

A restrictive component cannot be excluded, suggest static lung volumes and diffusing capacity.

Medical Records (scanned 6/11/14)

1. Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation
2. CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left inferior-anterior temporal region may represent arachnoid cyst vs focal encephalomalacia; periventricular chronic ischemic gliosis
3. Carotid doppler 6/4/14: no focal stenosis in bilateral carotid arteries
4. Med list:

Aggrenox 25/200 1 cap BID
Losartan 50mg po QD
Rosuvastatin 20mg po QD
Amlodipine 10mg po QD
Omeprazole 20mg po QD

5. Labs 6/1/14

ASSESSMENT AND PLAN:

1. Hypertension: sl uncontrolled, increase Chlorthalidone 25mg PO QD, continue Amlodipine, Losartan
2. Gastroesophageal Reflux Disease: continue Omeprazole
3. TIA 6/2014: continue Aggrenox, Atorvastatin

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

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- 4.cerumen AD: ear irrigation clinic done, Debrox given
- 5.hearing loss:continue hearing aids, seen in VA Audiology
- 6.osteoarthritis, shoulder pain, headache: continue Tylenol or Naproxen
- 7.hyperlipidemia: controlled, continue Atorvastatin 40mg PO qhs, diet and exercise, claims he had dizziness with Atorvastatin but had resolved, the dizziness might be from the early CVA
- 8.h/o skin lesions, acne?? in different stages:improved, s/p Doxycycline
- 9.Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11
Viagra 50mg po prn
- 10.Nocturia: continue Flomax 0.8mg PO QD
- 11.sob on exertion: for EKG 2/25/15 78/min, SR, +45oaxis, normal EKG, and stress test 3/26/15: negative, spirometry to r/o pulmonary etio
- 12.rhinitis: resolved
- 13.hyperreactive airway: continue Albuterol
- 14.depression, anxiety, ETOH abuse: f/u by VA Psych
- 15.social issues: Social Work consulted
- 16.right knee,right shoulder pain, back pain: relieved with Advil, continue Naproxen or Advil with food and drink lots water, may take Acetaminophen instead, PM&R consult
- 17.tinea cruris: Lotrimin cream
- 18.anxiety: declined VA Psychology
- 19.decreased vision: Optometry for eyeglasses pt will call 631-266-6059 option 1
- 20.right 2nd finger: seen by VA Derma, will f/u, no pain, no warmth, will monitor, continue hygiene
- 21.Health maintenance/Primary Preventions:
 - Flu shot(Yearly 65 and over or if *): 12/22/16
 - Pneumovax(Once at 65 or Q5 yrs if *):PPSV23: 11/21/11,
PCV13: 12/29/14
 - Tetanus (Q10 yrs): Td 2005
 - PSA (Inconclusive 50-70y/o):0.60
 - Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given
 - Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA,on Atorvastatin
 - Diet and exercise encouraged

Pt advised to bring his medical records on his next visit.
CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC
RTC 6 months or sooner if needed.

/es/ SHIRLEY M TANSIONGCO, MD,FACP
PC ATTENDING PHYSICIAN
Signed: 06/21/2017 11:30

06/21/2017 ADDENDUM
RTC 3 mos

STATUS: COMPLETED

/es/ SHIRLEY M TANSIONGCO, MD,FACP
PC ATTENDING PHYSICIAN
Signed: 06/21/2017 11:39

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB:03/06/1945

VISTA Electronic Medical Documentation
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Besedin 0040

Progress Notes

Printed On Oct 29, 2018

LOCAL TITLE: PC TELEPHONE NOTE
 STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: JUN 07, 2017@14:48 ENTRY DATE: JUN 07, 2017@14:48:10
 AUTHOR: FINNEGAN, LORETTA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** PC TELEPHONE NOTE Has ADDENDA ***

Called back vet after leaving message that he is not feeling well. He said on the message sent that NAPROXEN tablet seems to 'make breathing difficult'. He said it is his back that is giving him trouble.
 Instructed veteran to go to nearest ER or Northport ER and to have his breathing evaluated.
 Veteran said he will make arrangement for transportation to go to ER.

/es/ LORETTA J FINNEGAN, RN
 Outpatient Clinic EMW 4373
 Signed: 06/07/2017 14:51

06/15/2017 ADDENDUM STATUS: COMPLETED
 Per veteran he did not go to ER 'i don't have transportation'. He said he has no one to drive him to ER. Instructed to make an appt with VA provider - OK for June 21 at 11AM.
 For the meantime if condition worsen to go to nearest urgent care center or ER.
 Verb good understanding.

/es/ LORETTA J FINNEGAN, RN
 Outpatient Clinic EMW 4373
 Signed: 06/15/2017 15:15

LOCAL TITLE: PC-FOLLOW UP
 STANDARD TITLE: PRIMARY CARE NOTE
 DATE OF NOTE: MAY 18, 2017@15:12 ENTRY DATE: MAY 18, 2017@15:12:12
 AUTHOR: TANSIONGCO, SHIRLEY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** PC-FOLLOW UP Has ADDENDA ***

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of HTN, hyperlipidemia and GERD

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)
 72 year old WHITE MALE came in for evaluation and management of HTN, hyperlipidemia and GERD. He complains of low back pain x 3 mos, sharp, 0/10 pain now, 10/10 yesterday, intermittent, worse when bending over, relieved by rest. , He also complain of shoulder and knee pain but no pain now but had it x several mos. Shoulder and elbow x-r done in 3/2017: no fx. I advised to see a psychologist today but pt declined. No other complaints at this time.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB: 03/06/1945

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Progress Notes

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wife: Judy
automechanic repair place, day care, rental property

PMH/PSH:

- 1.Hypertension
- 2.Gastroesophageal Reflux Disease
- 3.hyperlipidemia
- 4.TIA 6/2014
- 5.s/p tendon rupture repair on the left forearm 2005
- 6.s/p TBI--coma after MVA 2003

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2)	AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE (S)
3)	ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4)	CHLORTHALIDONE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY	ACTIVE
5)	CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
6)	DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
7)	FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
8)	FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
9)	FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
10)	LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
11)	NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WHEN NEEDED TAKE FOOD AND DRINK LOTS OF WATER	ACTIVE
12)	OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE
13)	SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE
14)	TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE
15)	THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY	ACTIVE
16)	AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO AFFECTED AREA EVERY DAY FOR DRY SKIN	ACTIVE
17)	TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB:03/06/1943

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Progress Notes

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TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO
AFFECTED AREAS

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

* The patient is not a wandering risk.

Allergies/ADR: NKDA

SOCIAL HISTORY: TOBACCO: no

ALCOHOL: 1 glass of whisky QD (C+AGE)

RECREATIONAL DRUGS: no

OCCUPATION: auto mechanic; Air Force 1969-70

MARITAL STATUS: married, lives with wife

FAMILY HISTORY: MOTHER -93y/o, arthritis

FATHER -died at age 85, bladder cancer with mets to lungs
1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 131/81 (05/18/2017 15:07)

P = 87 (05/18/2017 15:07)

RR=18 (05/18/2017 15:07)

Temp=afebrile

Weight =252 lb [114.5 kg] (05/18/2017 15:07)

Height=67 in [170.2 cm]

BODY MASS INDEX - 39.6 (MAY 18, 2017@15:07:36)

Pain Scale = 0 (05/18/2017 15:07)

GENERAL: Looks right for age, severely obese, oriented x3,
not in cardio-respiratory distress

HEENT: NCAT, PERLLA, EOMI

Lungs/Chest: Clear to auscultation bilaterally.

No wheezes or rhonchi, no rales.

Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur

Abdomen: Audible bowel sounds, soft, non-tender, non-distended,
No hepatosplenomegaly, no palpable masses.

Extrem: No cyanosis, no clubbing, 1+ edema

Pulses: done previously:

DP right 3+, left 4+ (0-4+)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

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TP (bilateral) 3+(0-4+)
 inguinal area: c/w tinea

LABS: 3/17/17 CBC, Chem 7/13: reviewed with the patient
 GLUCOSE 119 H 119 H 86 126 H mg/dL 70 - 99
 ROCEDURE SUMMARY CODE: Abnormal
 DATE/TIME PERFORMED: AUG 19, 2015@08:54

The FVC is reduced. The FEV1 and FEV1/FVC are normal.
 There is a response to inhaled bronchodilator.
 The flow volume loop is coved.
 No persistent airway obstruction.
 These findings suggest reactive airway disease. Clinical correlation is suggested.

A restrictive component cannot be excluded, suggest static lung volumes and diffusing capacity.

Medical Records (scanned 6/11/14)

- 1.Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation
- 2.CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left nferior-anterior temporal region may represnt arachnoid cyst vs focal encephalomalacia; periventricualr chronic ischemic gliosis
- 3.Carotid doppler 6/4/14: no focal stenosis in bialteral carotid arteries
- 4.Med list:

Aggrenox 25/200 1 cap BID
 Losartan 50mg pO QD
 Rosuvastatin 20mg pO QD
 Amlodipine 10mg pO QD
 Omeprazole 20mg pO QD

5. Labs 6/1/14

ASSESSMENT AND PLAN:

- 1.Hypertension:controlled, continue Chlorthalidone 12.5mg PO QD, continue Amlodipine, Losartan
- 2.Gastroesophageal Reflux Disease: continue Omeprazole
- 3.TIA 6/2014: continue Aggrenox, Atorvastatin
- 4.cerumen AD: ear irrigation clinic done, Debrox given
- 5.hearing loss:continue hearing aids, seen in VA Audiology
- 6.oosteoarthritis, shoulder pain, headache: continue Tylenol or Naproxen
- 7.hyperlipidemia: controlled, continue Atorvastatin 40mg PO qhs, diet and exercise, claims he had dizziness with Atorvastatin but had resolved, the dizziness might be from the early CVA
- 8.h/o skin lesions, acne?? in different stages:improved, s/p Doxycycline
- 9.Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11
 Viagra 50mg pO prn
- 10.Nocturia: continue Flomax 0.4mg PO QD
- 11.sob on exertion: for EKG 2/25/15 78/min, SR, +45oaxis, normal EKG, and stress test 3/26/15: negative, spirometry to r/o pulmonary etio

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

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12.rhinitis: resolved
 13.hyperreactive airway: continue Albuterol
 14.depression, anxiety, ETOH abuse: f/u by VA Psych
 15.social issues: Social Work consulted
 16.right knee,right shoulder pain, back pain: relieved with Advil, continue Naproxen or Advil with food and drink lots water, may take Acetaminophen instead, refused PM&R consult
 17.tinea cruris: Lotrimin cream
 18.anxiety: declined VA Psychology
 19.Health maintenance/Primary Preventions:
 Flu shot(Yearly 65 and over or if *): 12/22/16
 Pneumovax(Once at 65 or Q5 yrs if *):PPSV23: 11/21/11,
 PCV13: 12/29/14
 Tetanus (Q10 yrs): Td 2005
 PSA (Inconclusive 50-70y/o):0.60
 Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given
 Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA,on Atorvastatin
 Diet and exercise encouraged

Pt advised to bring his medical records on his next visit.
 CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC
 RTC 6 months or sooner if needed.

/es/ SHIRLEY M TANSIONGCO, MD,FACP
 PC ATTENDING PHYSICIAN
 Signed: 05/18/2017 15:31

06/20/2017 ADDENDUM STATUS: COMPLETED
 *** PC TELEPHONE NOTE Has ADDENDA ***

Called back vet after leaving message that he is not feeling well. He said on the message sent that NAPROXEN tablet seems to 'make breathing difficult'. He said it is his back that is giving him trouble.
 Instructed veteran to go to nearest ER or Northport ER and to have his breathing evaluated.
 Veteran said he will make arrangement for transportation to go to ER.

/es/ LORETTA J FINNEGAN, RN
 Outpatient Clinic EMW 4373
 Signed: 06/07/2017 14:51

06/15/2017 ADDENDUM STATUS: COMPLETED
 Per veteran he did not go to ER 'i don't have transportation'. He said he has no one to drive him to ER. Instructed to make an appt with VA provider - .OK for June 21 at 11AM.
 For the meantime if condition worsen to go to nearest urgent care center or ER.
 Verb good understanding.

/es/ LORETTA J FINNEGAN, RN
 Outpatient Clinic EMW 4373

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Signed: 06/15/2017 15:15

/es/ SHIRLEY M TANSIONGCO, MD, FACP
PC ATTENDING PHYSICIAN

Signed: 06/20/2017 12:37

LOCAL TITLE: PC TELEPHONE NOTE

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: MAY 17, 2017@16:01 ENTRY DATE: MAY 17, 2017@16:01:52

AUTHOR: FINNEGAN, LORETTA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Called back veteran after he called call center re complaints of back pain. When called he discussed other issues (he said he went to ER/has court case, etc) - reminded him about his original call. He said he would like to be seen and evaluated for his back pain. Request an appt for his VA provider.

/es/ LORETTA J FINNEGAN, RN

Outpatient Clinic EMW 4373

Signed: 05/18/2017 08:48

LOCAL TITLE: PC TELEPHONE NOTE

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: MAR 23, 2017@10:20 ENTRY DATE: MAR 23, 2017@10:20:33

AUTHOR: FINNEGAN, LORETTA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Called and left message to call back. He has question about medications he received 'too much'. No message left except to call Pharmacy or the nurse.

/es/ LORETTA J FINNEGAN, RN

Outpatient Clinic EMW 4373

Signed: 03/23/2017 10:21

LOCAL TITLE: PC-FOLLOW UP

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: MAR 17, 2017@09:51 ENTRY DATE: MAR 17, 2017@09:51:35

AUTHOR: TANSIONGCO, SHIRLEY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** PC-FOLLOW UP Has ADDENDA ***

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of hyperlipidemia, hypertension and GERD

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)

72 year old WHITE MALE came in for evaluation and management of hyperlipidemia, hypertension and GERD. He accidentally dialed 911 and cops

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arrived at his home and he was pushed down sustaining arms, shoulders and elbows and was incarcerated for 1 week. He was released last week and sought consult at NUMC er where x-rays were done: no fx. He also went to Va Northport ER for the same reason, X-r done: no fx. He complains of headache x 2 weeks for the head contusion. He is awake alert, oriented x3. No other complaints at this time.

wife: Judy

automechanic repair place, day care, rental property

PMH/PSH:

- 1.Hypertension
- 2.Gastroesophageal Reflux Disease
- 3.hyperlipidemia
- 4.TIA 6/2014
- 5.s/p tendon rupture repair on the left forearm 2005
- 6.s/p TBI--coma after MVA 2003

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4) CHLORTHALIDONE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY	ACTIVE
5) CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
6) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
7) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
8) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
9) FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
10) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
11) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WHEN NEEDED	ACTIVE
12) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE
13) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE

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- 14) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT ACTIVE
BEDTIME FOR PROSTATE
- 15) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY ACTIVE
DAY FOR VITAMIN DEFICIENCY
- 16) AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO ACTIVE
AFFECTED AREA EVERY DAY FOR DRY SKIN
- 17) TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT ACTIVE
TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO
AFFECTED AREAS

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

* The patient is not a wandering risk.

Allergies/ADR:NKDA

SOCIAL HISTORY: TOBACCO:no

ALCOHOL: 1 glass of whisky QD (C+AGE)

RECREATIONAL DRUGS:no

OCCUPATION:auto mechanic; Air Force 1969-70

MARITAL STATUS:married, lives with wife

FAMILY HISTORY: MOTHER -93y/o, arthritis

FATHER -died at age 85, bladder cancer with mets to lungs
1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 168/94 (03/17/2017 09:51): has no taken his meds

P = 88 (03/17/2017 09:43)

RR=20 (03/17/2017 09:43)

Temp=afebrile

Weight =252.6 lb [114.8 kg] (03/17/2017 09:43)

Height=67 in [170.2 cm]

BODY MASS INDEX - 39.6 (MAR 17, 2017@09:43:14)

Pain Scale = 0 (03/17/2017 09:43)

GENERAL: Looks right for age, severely obese, oriented x3,
not in cardio-respiratory distress

HEENT: NCAT, PERLLA, EOMI

Lungs/Chest: Clear to auscultation bilaterally.

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No wheezes or rhonchi, no rales.
 Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur
 Abdomen: Audible bowel sounds, soft, non-tender, non-distended,
 No hepatosplenomegaly, no palpable masses.
 Extrem: No cyanosis, no clubbing, 1+ edema
 Pulses: done previously:
 DP right 3+, left 4+ (0-4+)
 TP (bilateral) 3+(0-4+)
 inguinal area: c/w tinea

LABS: 12/22/16 CBC, Chem 7/13: reviewed with the patient
 GLUCOSE 119 H 86 126 H 123 H mg/dL 70 - 99
 ROCEDURE SUMMARY CODE: Abnormal
 DATE/TIME PERFORMED: AUG 19, 2015@08:54

The FVC is reduced. The FEV1 and FEV1/FVC are normal.
 There is a response to inhaled bronchodilator.
 The flow volume loop is coved.
 No persistent airway obstruction.
 These findings suggest reactive airway disease. Clinical correlation is suggested.

A restrictive component cannot be excluded, suggest static lung volumes and diffusing capacity.

Medical Records (scanned 6/11/14)

1. Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation
2. CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left inferior-anterior temporal region may represent arachnoid cyst vs focal encephalomalacia; periventricular chronic ischemic gliosis
3. Carotid doppler 6/4/14: no focal stenosis in bilateral carotid arteries
4. Med list:

Aggrenox 25/200 1 cap BID
 Losartan 50mg pO QD
 Rosuvastatin 20mg pO QD
 Amlodipine 10mg pO QD
 Omeprazole 20mg pO QD

5. Labs 6/1/14

ASSESSMENT AND PLAN:

1. Hypertension: uncontrolled since he has not taken his meds yet, continue Chlorthalidone 12.5mg PO QD, continue Amlodipine, Losartan
2. Gastroesophageal Reflux Disease: continue Omeprazole
3. TIA 6/2014: continue Aggrenox, Atorvastatin
4. cerumen AD: ear irrigation clinic done, Debrox given
5. hearing loss: continue hearing aids, seen in VA Audiology
6. osteoarthritis, shoulder pain, headache: continue Tylenol or Naproxen
7. hyperlipidemia: controlled, continue Atorvastatin 40mg PO qhs, diet and exercise, claims he had dizziness with Atorvastatin but had resolved, the

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dizziness might be from the early CVA
 8.h/o skin lesions, acne?? in different stages:improved, s/p Doxycycline
 9.Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose
 Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11
 Viagra 50mg po prn
 10.Nocturia: continue Flomax 0.4mg PO QD
 11.sob on exertion: for EKG 2/25/15 78/min, SR, +45oaxis, normal EKG, and
 stress test 3/26/15: negative, spirometry to r/o pulmonary etio
 12.rhinitis: resolved
 13.hyperreactive airway: continue Albuterol
 14.depression, anxiety, ETOH abuse: f/u by VA Psych
 15.social issues: Social Work consulted
 16.right knee,right shoulder pain: relieved with Advil, continue Naproxen or
 Advil with food and drink lots water, may take Acetaminophen instead, refused
 PM&R consult
 17.tinea cruris: Lotrimin cream
 18.Health maintenance/Primary Preventions:
 Flu shot(Yearly 65 and over or if *): 12/22/16
 Pneumovax(Once at 65 or Q5 yrs if *):PPSV23: 11/21/11,
 PCV13: 12/29/14
 Tetanus (Q10 yrs): Td 2005
 PSA (Inconclusive 50-70y/o):0.76
 Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given
 Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA,on Atorvastatin
 Diet and exercise encouraged

Pt advised to bring his medical records on his next visit.
 CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC
 RTC 6 months or sooner if needed.

/es/ SHIRLEY M TANSIONGCO, MD,FACP

PC ATTENDING PHYSICIAN

Signed: 03/17/2017 10:12

03/23/2017 ADDENDUM

STATUS: COMPLETED

Veteran called to inform that he has received 'box of medications' which I don't need. He further state he has appt to the court tomorrow and started to rehash incident on 2/7/2017 (when he was arrested).

He said the medication he received 'is too much' and 'I don't have money to pay for them. Business is bad - i cannot sell it'. He started reviewing his med and mentioned Thiamine. He said I do not take them and when ask if he still drink 'well if I come to your house I may drink one or two. Still drink at night 1-2 beers only, etc'. Offered VA alcohol treatment - he said he does not need it at this time.

Also, he said he does not use the Albuterol 'puffer' inahaler - informed him to discuss it with VA provider as he had several visits/diagnosis in the past and he just disclosed it now. Pt education done to use it as ordered for his shortness of breath. He said his breathing is 'ok'.

Instructed to set the medication aside as he may need them for the next 3 months.

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Explained to him that some medication refill is only for 30 days. He keep repeating 'i have no money to pay for them'. Offered an option if he wished to speak to Social Worker or business office and he refused. Provider is informed.

/es/ LORETTA J FINNEGAN, RN
Outpatient Clinic EMW 4373
Signed: 03/23/2017 13:00

/es/ SHIRLEY M TANSIONGCO, MD,FACP
PC ATTENDING PHYSICIAN
Signed: 03/23/2017 13:03

05/18/2017 ADDENDUM STATUS: COMPLETED
Pt called complaining of back pain and knee and hip pain, intermittent. He has an appt 5/19/17.

/es/ SHIRLEY M TANSIONGCO, MD,FACP
PC ATTENDING PHYSICIAN
Signed: 05/18/2017 11:25

LOCAL TITLE: PSYCHIATRY-PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINA
STANDARD TITLE: PSYCHIATRY H & P NOTE
DATE OF NOTE: MAR 16, 2017@14:37 ENTRY DATE: MAR 16, 2017@14:37:18
AUTHOR: BENGELOUN,ATMAN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT: This is a 72 year old, WHITE, MALE, , presenting with a chief complaint of: I don't know why I am here, I was told to come here for an evaluation after the police came to my home. pt is seen alone and provided all info/.

PRESENTING PROBLEM:

he reports that the police was at his house on 2/7/2017 and told him that he called them. he reports that he might have possibly pocket dialed them and has not done it on purpose. he reports that while speaking with the 2 police officers, they started to put their gloves and before he can realize what was happening, he was on the ground, had his hands cuffed and reports that his elbow and shoulders are hurting from the struggle. he reports that everything was on camera. he denies adamantly having pb with etoh use or drug use and denies drinking that day. he states that the police reports says that he assaulted them. he reports that he showed the video recording to a lawyer and is filing a claim against the police. he reports that he was sent to jail and was bailed out by his son a week later. he reports that his wife did not know where he was for 3 days and he could not call anyone. he reports while in jail, he did not have his hearing aids and could not hear what people would say to him.

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he reports that he has never been treated this way in his whole life and feels not respect for the police.

he denies endogenic symptoms of depression, denies acute anxiety, there is no evidence of perceptual disturbances.

when asked about other stressors, he reports that he is concerned about being able to sell his business / mechanic shop and worries about his finances in the future, hoping to sell the shop soon enough; "I will be fine once I sell it"

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4) CHLORTHALIDONE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY	ACTIVE
5) CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
6) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
7) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
8) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
9) FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
10) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
11) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WHEN NEEDED	ACTIVE
12) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE
13) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE
14) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE
15) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY	ACTIVE

PSYCHIATRIC HISTORY: (including treatment for substance abuse/dependence)

Hospitalizations: (date/diagnosis) denied

denies excessive alcohol use, reports that he has may be a can of beer after

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dinner. adamantly denies cage factors.
'I don't do alcohol and don't do drugs'

Past Outpt psych Tx: denied

History of past suicidal attempts/gestures: No
History of past violence Yes as per recent event with the police.
denies combat exposure while in the service.

History of trauma: : denied

If trauma history, does patient report:

Flashbacks: NO
Nightmares: NO
Avoidance: NO
Other trauma related: NO

SOCIAL HISTORY/ denies past or current use disorder

Smoking: denied
Alcohol: my last beer was about a couple of weeks ago and there is no
alcohol in the house.
Drug use: denied

Elaborate on pattern of use, most recent use, withdrawal history
(Dts/Seizures): pt adamantly denies etoh use disorder or street drug use.

Occupation: mechanic shop is for sale.
Marital Status: Married
Source of income: self-employed.
Living situation, living with his spouse

FAMILY HISTORY of psych pb: none reported

MEDICAL HISTORY: overweight. htn,

Current Primary Care provider: ref cprs.

Lab tests reviewed: ref cprs.

Other:

REVIEW OF SYSTEMS: (see hpi for problem pertinent ros) ref cprs.

Fever, chills, sweats
Blurry vision, double vision, red eyes
Chest pains
Shortness of breath
Cough or sputum production
Heartburn

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Abdominal pain
Nausea or vomiting
Numbness or tingling
Weakness
Problem with urination
Problems with bowl movement
Heat or cold intolerance
Impotence/erectile dysfunction
Anorgasmia
Menstrual problems
Note if any additional symptoms relating to following organ system.

Allergic-immunologic
Cardiovascular
ENT
Endocrine
Eyes
GI
GU
Hematologic
Integumentary
Musculoskeletal
Neurologic
Respiratory

MENTAL STATUS EXAM

Appearance: Grooming: Normal
Hygiene: Normal

Orientation: Fully oriented

Motor Activity: Unremarkable

Mood: Neutral
Affect: Appropriate

Estimated IQ:
Attention: Normal
Concentration: Normal

Memory:
Recent Memory: Normal
Remote Memory: Normal

Thought Processes: Normal

Thought Content: spoke about not trusting police after the way he was treated.

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Suicidal:
Ideation: NO
Suicide Plan: NO
Suicide Intent: NO
Homicidal or violent ideation: NO
Homicidal or violent plan: NO
Homicidal or violent intent: NO
Hallucinations: None

Vegetative Symptoms:

Insomnia:

Appetite: normal

Weight gain: NO

Weight loss: NO

Hopeless: NO

Helpless: NO

Anhedonia: NO

Other:

Judgement: Good

Insight: Good

Impulse Control: Good at present time

Smoking Cessation: Patient denies smoking.

Results of AIMS exam (Required yearly for all patients on antipsychotic):

Diagnosis per DSM-5:

adjustment disorder with anxious mood.

Consults ordered:

Laboratory tests ordered: :

Medications ordered: none at present time.

Treatment Plan:

. psychoeducation provided.

pt does not feel that he needs to f/u with mhc , requesting a note from this session. He is informed of roi.

. supportive session provided.

. pt is aware of the walk in mhc and ER services in case of worsening of symptoms.

Medication Reconciliation:

Allergies: Patient has answered NKA

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13) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE
14) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE
15) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY	ACTIVE

** VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver. Patient/caregiver reminded to discard old lists and to update any records with all medications.

Return to clinic: pt is not interested in scheduling a f/u with mhc.

/es/ ATMAN BENGELOUN
PSYCHIATRIC ATTENDING
Signed: 03/16/2017 15:35

LOCAL TITLE: ER - PHYSICIAN NOTE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB:03/06/1945

VISTA Electronic Medical Documentation
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Progress Notes

Printed On Oct 29, 2018

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
 DATE OF NOTE: MAR 08, 2017@16:31 ENTRY DATE: MAR 08, 2017@16:31:41
 AUTHOR: SCALISI, JOSEPH G EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient was seen at
 Name of Cardiologist spoken with:
 Time of conversation:

CC:s/p fall 2/7 with right shoulder pain /left elbow pain

HPI: BESEDIN, ROBERT IS A 72 Y/O WHITEMALE above.pt states he was arrested and put in handcuffs behind his back and fell.pt was seen at numc and discharged-no evidence of fracture/pt states he has been incarcerated now presents to ed with npersistent left elbow and right shoulder pain

PAST MED HX:PMH/PSH:

- 1.Hypertension
- 2.Gastroesophageal Reflux Disease
- 3.hyperlipidemia
- 4.TIA 6/2014
- 5.s/p tendon rupture repair on the left forearm 2005
- 6.s/p TBI--coma after MVA 2003

MEDS:Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2)	AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE (S)
3)	ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4)	CHLORTHALIDONE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY	ACTIVE
5)	CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
6)	DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
7)	FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
8)	FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
9)	FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
10)	LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
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- 11) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH ACTIVE
EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY
STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1
REFILL ONLY)
- 12) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED ACTIVE
- 13) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE ACTIVE
- 14) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY ACTIVE

ALLERGIES:

Patient's allergies have been reviewed with patient/cargiver:
Patient has answered NKA

**New Allergies as stated by patient/caregiver:

ROS:right shoulder pain/left elbow pain

HEAD: NO HEADACHE, DIZZINESS, NO BLURRY OR DOUBLE VISION. NO EYES TRAUMA,

NECK: NO SWOLLEN GLANDS, NO NECK STIFFNESS,

PHARYNX: NO SOB THROAT, DIFFICULTY SWALLOWING,

CHEST: NO SOB, NO ORHTOPNEA, NO PND, NO DOE,NO COUGH,

HEART: NO CP NO PALP.

ABD: NO ABD TENDERNESS, NO N/V NO CONSTIPATION NO DIARRHEA, NO BRBPR NO MELENA,

GU: NO DYSURIA, NO HEMATURIA, NO FREQUENCY NO URGENCY, NO PENILE DISCHARGE,

EXT: NO SWELLING, NO CYANOSIS.

GENERAL: NO WT LOSS, NO FEVER NO CHILLS NO N/V,

SKIN: NO SKIN LESIONS, NO CHANGE IN CHARACTER OF LESIONS,

PE : BP-160/80 (03/08/2017 14:45), PULSE-90 (03/08/2017 14:45), RR-18
(03/08/2017 14:45), TEMP-97.5 F [36.4 C] (03/08/2017 14:45), PAIN LEVEL-10
(03/08/2017 14:45)

GENERAL: obese male in no acute distress

HEENT: ATRAUMATIC, PERRLA, EOMI, NO EAR LESIONS, TM INTACT, NO CERUMEN,
NO PHARYNGEAL ERYTHEMA OR EXUDATES, NO ADENOPATHY, NO
JVD,

CHEST: GOOD AIR ENTRY, NO RALES, NO RONCHI, NO WHEEZING,
no chest wall tenderness

CVS: S1 S2 PRESENT,

ABD: SOFT, BS AUDIBLE, NONTENDER NO MASSES NO ORGANOMEGALY,

EXT: NO EDEMA left elbow painarea of left olecranon-no erythema-swelling-
warmth//from/pulses intact/right shoulder pain lateral aspect -no erythema-
swelling-warmth pulses intact/DECREASED ROM SECONDARY TO PAIN

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NEURO: A+O X 3, CRANIALS II-XII INTACT, MOTOR 5/5, NO SENSORY DEFICITS,
DTR PRESENT +2 SYMMETRIC, GAIT NORMAL

REVIEWED LABS, IMAGING STUDIES, left elbow- No acute fracture or dislocation.
right shoulder- No acute fracture or dislocation.

Moderate arthrosis of the acromioclavicular joint.

Mild downsloping of the lateral acromion. Please correlate for
impingement.

DIAGNOSIS: RIGHT SHOULDER PAIN/LEFT ELBOW PAIN S/P FALL-ARTHRITIS

PLAN: NAPROSYN 500MG PO 2X DAY AS NEEDED FOR PAIN/FOLLOW UP IN PRIMARY CARE
NURSES TRIAGE NOTE REVIEWED.

PT'S COMPLAINT OF PAIN LEVEL , HAS BEEN DULY NOTED AND BEEN ADDRESSED. (X) YES
() NO

**DISPOSITION(INDICATE TIME OF DECISION TO ADMIT):
[X] D/C HOME, 1800

/es/ JOSEPH G SCALISI
M.D., PHYSICIAN AMBULATORY CARE
Signed: 03/08/2017 17:56

LOCAL TITLE: AUDIOLOGY-HEARING AID ISSUE
STANDARD TITLE: AUDIOLOGY MEDICAL DEVICE NOTE
DATE OF NOTE: MAR 08, 2017@14:53 ENTRY DATE: MAR 08, 2017@14:53:34
AUTHOR: MCMANUS, ELIZABETH EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Hearing Aid Fitting and Orientation

Right Ear

Make of aid: Starkey
Model: Muse i2400 ITE
Serial #: 0117080978
Battery size: 13
Extended receiver tubing

Left Ear:

Make of aid: Starkey
Model: Muse i2400 ITE
Serial #: 0117080979

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Progress Notes

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Battery size: 10
Extended receiver tubing

Programs: Normal Adaptive and Autocoil

Hearing Aid Features: Manual V/C to push button activated as a volume control (Right-Raise/Left-Lower), Directional Microphones, Autocoil

BESEDIN, ROBERT was fit on Mar 8, 2017 with the above named hearing aid(s). The veteran was instructed on insertion/removal of hearing aid(s) and batteries. The veteran was also counseled regarding use and care of aid(s), as well as battery toxicity. Veteran was advised re: realistic expectations of amplification. The veteran was given instruction booklets, carrying case, cleaning tools and batteries.

Speech mapping results were within expected parameters[X] AD [X] AS

Mr. Besedin is a previous user of hearing aids. He was able to manipulate hearing aids with ease. Right raise and left lower push button VC function is active. NAL-NL2 fitting formula is selected and gain set to adaptation level 2/3 for a familiar user of hearing aids. Vet did not like gain at higher levels while in the office. Programs include normal adaptive and autocoil. Vet was instructed to wear aids daily for all waking hours to acclimate to amplification and to obtain optimal benefit. The 2477b form was given to veteran and its contents were reviewed. The open repair clinic days/hours were provided to vet in written form and verbally reviewed.

The outcome measure survey will be sent to the veteran in one month. The veteran is instructed to mail the completed survey to Audiology. Patient advised to schedule a follow up appointment or visit open clinic in Northport if problems or questions arise.

/es/ ELIZABETH MCMANUS, AuD, CCC/A
Doctor of Audiology
Signed: 03/08/2017 14:59

LOCAL TITLE: AUDIOLOGY-CAE REPORT
STANDARD TITLE: AUDIOLOGY DIAGNOSTIC STUDY NOTE
DATE OF NOTE: FEB 21, 2017@13:29 ENTRY DATE: FEB 21, 2017@13:29:48
AUTHOR: MCMANUS, ELIZABETH EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Mr. Besedin, a 71 y/o veteran, was seen today for Audiologic re-evaluation. He is known to ASPS. He has been seen in the past by Dr. Menjivar. He is new to this provider.

Contributory Medical History included the following: Veteran states that he was assaulted by police from the Nassau County Police Dept and recently spent one week in jail. He believes he lost consciousness for 3-4 minutes during the

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Progress Notes

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incident. During his jail time his hearing aids were lost. Since they were lost in circumstances out of his control Dr. Menjivar has authorized replacement of both devices, although they are out of L/D warranty at this time. He was initially fit in January, 2012, with half shell hearing aids. Dr. Menjivar then fit veteran with a new pair of ITEs in September, 2014. Both of his 2014 issued devices were replaced for loss, as well (right on 12/29/15 and left on 4/7/16. Vet also lost the right Wi Series hearing aid and that device was replaced on 10/26/12). Veteran reports subjective hearing loss with onset 2-3 years ago. He states that he has his hearing aids "it's ok," but otherwise, "I can't hear." He was last evaluated in this Service on 12/23/11. He denies interim changes in hearing. He denies otologic symptoms including tinnitus, otalgia, and vertigo. He denies a history of ear surgery, TM perforations, and chronic ear infections. He served in the Air Force with a job specialty of air frame repair and reports use of hearing protection. He works as an auto mechanic and reports use of hearing protection to be rare.

Pure Tone Testing Revealed:

Essentially no change in thresholds since previous results of 2011.

Right Ear: Moderate-severe sloping to severe sensorineural hearing loss.

Left Ear: Moderate-severe sloping to severe sensorineural hearing loss.

** See "Tools" Menu for Audiogram Display **

Speech Discrimination Scores: Maryland CNC-50

Right ear: 92% Indicating: excellent speech discrimination ability.

Left ear: 84% Indicating: good speech discrimination ability.

Acoustic Immittance:

Right ear: Type A suggesting normal middle ear function.

Left Ear: Type As suggesting hypomobile middle ear function.

Ipsilateral reflexes:

Right ear: abnormal (Ipsi ARTs are absent 500-4000Hz).

Left ear: abnormal (Ipsi ARTs are absent 500-4000Hz).

Otoscopy Revealed: Non-occluding cerumen noted AU. TMs only partially visualized. Vet agreed to cerumen removal completed by hand using curette with his verbal consent and without incident. Afterward, clear EACs are noted AU.

Veteran was counseled on the results of today's evaluation. His hearing loss was discussed. He is audiologically a candidate for hearing aids based on today's findings. A full hearing aid evaluation was conducted. Different styles of

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hearing aids were discussed and vet chose full shell style custom hearing aids with push buttons and requests extended receiver tubing instead of wax guards. Ear impressions were taken bilaterally with his verbal consent and without incident. Realistic expectations of amplification and communication strategies were discussed. Veteran was advised to guard against future loss/damage of devices. This will be the 5th set of hearing aids, essentially, issued to him in the past 5 years.

Recommendations:

1. Hearing aid dispense scheduled.
2. Self initiated Audiologic re-evaluation in two years.
3. Use of general communication strategies for the hearing impaired.

/es/ ELIZABETH MCMANUS, AuD, CCC/A
 Doctor of Audiology
 Signed: 02/21/2017 14:00

LOCAL TITLE: PSYCHIATRY OUTPATIENT CONSULT
 STANDARD TITLE: PSYCHIATRY OUTPATIENT CONSULT
 DATE OF NOTE: FEB 21, 2017@11:01 ENTRY DATE: FEB 21, 2017@11:02:03
 AUTHOR: BENGELOUN, ATMAN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

md/od

Patient was seen for: 20-30 minutes with E/M
 to treat: pt accompanied by wife requesting eval

Therapeutic intervention provided: Supportive Therapy

CURRENT MENTAL STATUS EXAM

Appearance: Grooming: fair
 Hygiene: fair

Orientation:
 Fully oriented

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.
 * The patient is not a wandering risk.

Motor Activity: Unremarkable

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Mood: Neutral
Affect: Appropriate

Estimated IQ:
Attention: Normal
Concentration: Normal

Memory:
Recent Memory: abNormal
Remote Memory: Normal

Thought Processes: Normal

Thought Content: Unremarkable

Suicidal:
Ideation: NO
Suicide Plan: NO
Suicide Intent: NO
Homicidal or violent ideation: NO
Homicidal or violent plan: NO
Homicidal or violent intent: NO
Hallucinations: None

Vegetative Symptoms:
Insomnia:
Appetite: normal
Weight gain: NO
Weight loss: NO
Hopeless: NO
Helpless: NO
Anhedonia: NO
Other:
Judgement: fair
Insight: fair
Impulse Control: Good at present time

Results of AIMS exam (Required yearly for all patients): neg

Patient's response to intervention (include major themes discussed): pt reports that the police came to his home (2/7/17) and stated that they assaulted him for unclear reason, the police reportedly came to his house because he called them, pt denies remembering calling them. his wife reports that pt drinks excessively, pt minimizes his etoh consumption . pt's wife reports that the day prior to event, pt had a big bottle of hard liquor that was almost empty that

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Progress Notes

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same evening.

he was bailed out of jail by his son. pt's wife reports that he has a mva in 2003 with tbi with changes of mood/.

pt's wife reports that since the events he has not used etoh and was seen while in jail by medical team for possible etoh withdrawal and scratches due to struggling with police.

Target symptoms and progress of achievement of treatment goals:

maintain stability

improve coping skills

abstain from etoh use

Labs reviewed: with pt

Medications ordered:

folate 1mg/d

thiamine 100mg/d

Consults ordered: other

Laboratory tests ordered: Other:

Diagnostic Impression:

etoh use disorder

adjustment disorder with anxiety

Treatment Plan:\. options and alternative tx discussed.

. the incompatibility of etoh and psychotropics discussed.

potential of drug - drug interaction reviewed with pt.

. pt reports understanding the risks and benefits of tx discussed.

. supportive session provided.

. pt is aware of the walk in mhc and ER services

in case of worsening of symptoms.

Medication Reconciliation:

Allergies:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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DOB:03/06/1945

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Progress Notes

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- 2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH ACTIVE
EVERY DAY FOR BLOOD PRESSURE OR HEART
- 3) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY ACTIVE
MOUTH AT BEDTIME FOR CHOLESTEROL
- 4) CHLORTHALIDONE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH ACTIVE
EVERY DAY
- 5) CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO ACTIVE
AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION
- 6) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP, SA TAKE 1 CAPSULE ACTIVE
BY MOUTH TWICE A DAY BLOOD THINNER
- 7) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY ACTIVE
DAY FOR PROSTATE
- 8) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 ACTIVE
SPRAY IN EACH NOSTRIL EVERY DAY
- 9) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY ACTIVE
FOR BLOOD PRESSURE OR HEART
- 10) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH ACTIVE
EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY
STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1
REFILL ONLY)
- 11) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY ACTIVE
MOUTH WHEN NEEDED AS DIRECTED
- 12) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT ACTIVE
BEDTIME FOR PROSTATE

VA, non VA, OTC and herbal medications were reviewed with the patient/
caregiver and were reconciled. Discrepancies have been addressed with the
patient/caregiver. Changes have been made to the patient's printed list
and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records
with all medications. Patient was instructed to carry the updated list with
them at all times to share the list with their healthcare providers when needed.

Return to clinic: full eval

/es/ ATMAN BENGELOUN
PSYCHIATRIC ATTENDING
Signed: 02/21/2017 11:31

LOCAL TITLE: AUDIOLOGY ADMIN NOTE
STANDARD TITLE: AUDIOLOGY ADMINISTRATIVE NOTE
DATE OF NOTE: FEB 14, 2017@15:25 ENTRY DATE: FEB 14, 2017@15:26
AUTHOR: MENJIVAR, SANDY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Veteran called reporting that he was recently arrested by police. Veteran

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stated that upon his arrest the police officers wrestled him to the ground at which point he lost his glasses and both hearing aids. Veteran was issued Starkey 3 Series FS hearing aids in September 2014. Hearing aids were both replaced one time. Veteran's last audiologic evaluation was in 2011. Veteran advised that a new audiologic evaluation must be conducted before new hearing aids are issued. In light of the severity of the veteran's hearing loss and the fact that the hearing aids were lost at no fault of his own the veteran is to be issued new hearing aids.

/es/ SANDY MENJIVAR AuD F-AAA
DOCTOR OF AUDIOLOGY
Signed: 02/14/2017 15:29

LOCAL TITLE: FEE BASIS MEDICAL RECORD
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: FEB 08, 2017@15:43:46 ENTRY DATE: OCT 27, 2017@15:43:46
AUTHOR: CRIESI, RENEE A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

NUMC ER DOS 02/08/17

*****Scanned document attached to this note*****
Click on Tools, click on Vista Imaging Capture.
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*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 10/27/2017
by: RENEE A CRIESI
FINANCIAL ACCOUNT TECH

LOCAL TITLE: PC-FOLLOW UP
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: DEC 22, 2016@10:05 ENTRY DATE: DEC 22, 2016@10:05:41
AUTHOR: TANSIONGCO, SHIRLEY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
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*** PC-FOLLOW UP Has ADDENDA ***

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of HTN, hyperlipidemia and GERD

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)

71 year old WHITE MALE came in for evaluation and management of HTN, hyperlipidemia and GERD. His right knee pain improves. He still complains of right shoulder pain. He has fungal infection on the groin and agreed for Lotrimin. No other complaints at this time.

wife: Judy

automechanic repair place, day care, rental property

PMH/PSH:

1. Hypertension
2. Gastroesophageal Reflux Disease
3. hyperlipidemia
4. TIA 6/2014
5. s/p tendon rupture repair on the left forearm 2005
6. s/p TBI--coma after MVA 2003

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2)	AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3)	ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4)	DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP, SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
5)	FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
6)	FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
7)	LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
8)	OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE
9)	SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE
10)	TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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- 11 AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO AFFECTED AREA EVERY DAY FOR DRY SKIN ACTIVE
- 12) TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO AFFECTED AREAS ACTIVE

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

* The patient is not a wandering risk.

Allergies/ADR:NKDA

SOCIAL HISTORY: TOBACCO:no

ALCOHOL: 1 glass of whisky QD (C+AGE)

RECREATIONAL DRUGS:no

OCCUPATION:auto mechanic; Air Force 1969-70

MARITAL STATUS:married, lives with wife

FAMILY HISTORY: MOTHER -93y/o, arthritis

FATHER -died at age 85, bladder cancer with mets to lungs

1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 155/98 (12/22/2016 10:01)

P = 73 (12/22/2016 10:01)

RR=18 (12/22/2016 10:01)

Temp=afebrile

Weight =250 lb [113.6 kg] (12/22/2016 10:01)

Height=66.5 in [168.9 cm]

BODY MASS INDEX - 39.8 (DEC 22, 2016@10:01:19)

Pain Scale = 3 (12/22/2016 10:01)

GENERAL: Looks right for age, severely obese, oriented x3, not in cardio-respiratory distress

HEENT: NCAT, PERLLA, EOMI

Lungs/Chest: Clear to auscultation bilaterally. No wheezes or rhonchi, no rales.

Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur

Abdomen: Audible bowel sounds, soft, non-tender, non-distended, No hepatosplenomegaly, no palpable masses.

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DOB:03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

Printed On Oct 29, 2018

Extrem: No cyanosis, no clubbing, 1+ edema
 Pulses: done previously:
 DP right 3+, left 4+ (0-4+)
 TP (bilateral) 3+(0-4+)
 inguinal area: c/w tinea

LABS: 6/14/16 CBC, Chem 7/13: reviewed with the patient
 GLUCOSE 126 H mg/dL 70 - 99
 ROCEDURE SUMMARY CODE: Abnormal
 DATE/TIME PERFORMED: AUG 19, 2015@08:54

The FVC is reduced. The FEV1 and FEV1/FVC are normal.
 There is a response to inhaled bronchodilator.
 The flow volume loop is coved.
 No persistent airway obstruction.
 These findings suggest reactive airway disease. Clinical correlation is suggested.

A restrictive component cannot be excluded, suggest static lung volumes and diffusing capacity.

Medical Records (scanned 6/11/14)

- 1.Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation
- 2.CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left nferior-anterior temporal region may represnt arachnoid cyst vs focal encephalomalacia; periventricualr chronic ischemic gliosis
- 3.Carotid doppler 6/4/14: no focal stenosis in bialteral carotid arteries
- 4.Med list:

Aggrenox 25/200 1 cap BID
 Losartan 50mg pO QD
 Rosuvastatin 20mg pO QD
 Amlodipine 10mg pO QD
 Omeprazole 20mg pO QD

5. Labs 6/1/14

ASSESSMENT AND PLAN:

- 1.Hypertension: uncontrolled, start Chlorthalidone 12.5mg PO QD, continue Amlodipine, Losartan, f/u 1 mo with RN for BP check
 - 2.Gastroesophageal Reflux Disease: continue Omeprazole
 - 3.TIA 6/2014: continue Aggrenox, Atorvastatin
 - 4.cerumen AD: ear irrigation clinic done, Debrox given
 - 5.hearing loss:continue hearing aids, seen in VA Audiology
 - 6.osteoarthritis: continue Tylenol
 - 7.hyperlipidemia: controlled, continue Atorvastatin 40mg PO qhs, diet and exercise, claims he had dizziness with Atorvastatin but had resolved, the dizziness might be from the early CVA
 - 8.h/o skin lesions, acne?? in different stages:improved, s/p Doxycycline
 - 9.Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose
- Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

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Viagra 50mg po prn
 10.Nocturia: continue Flomax 0.4mg PO QD
 11.sob on exertion: for EKG 2/25/15 78/min, SR, +45oaxis, normal EKG, and stress test 3/26/15: negative, spirometry to r/o pulmonary etio
 12.rhinitis: resolved
 13.hyperreactive airway: continue Albuterol
 14.depression, anxiety, ETOH abuse: declined Psych
 15.social issues: Social Work consulted
 16.right knee, right shoulder pain: relieved with Advil, continue Advil with food and drink lots water, may take Acetaminophen instead, refused PM&R consult
 17.tinea cruris: start Lotrimin cream
 18.Health maintenance/Primary Preventions:
 Flu shot (Yearly 65 and over or if *): 12/22/16
 Pneumovax (Once at 65 or Q5 yrs if *): PPSV23: 11/21/11,
 PCV13: 12/29/14
 Tetanus (Q10 yrs): Td 2005
 PSA (Inconclusive 50-70y/o): 0.52
 Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given
 Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA, on Atorvastatin
 Diet and exercise encouraged

Pt advised to bring his medical records on his next visit.
 CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC
 RTC 3 months with MD, lmo with RN for BP check or sooner if needed.

HTN Assess for Elevated BP \geq 140/90:

The patient's medication regimen was adjusted to improve BP control.

Comment: Chlorthalidone

Education on lifestyle modification including weight loss, decreasing sodium intake and increasing physical activity provided.

Patient Education:

LEARNING NEEDS ASSESSMENT

Learning Needs Assessment-Person who was assessed and/or taught.

...Patient

/es/ SHIRLEY M TANSIONGCO, MD, FACP

PC ATTENDING PHYSICIAN

Signed: 12/22/2016 10:36

01/19/2017 ADDENDUM

STATUS: COMPLETED

Pt came for BP check: 130/70 on Losartan and Amlodipine. He has not started his HCTZ 12.5mg PO QD. We agreed to continue just Losartan and amlodipine. F/u in March 2017. Pt verbalized understanding.

/es/ SHIRLEY M TANSIONGCO, MD, FACP

PC ATTENDING PHYSICIAN

Signed: 01/19/2017 10:03

02/10/2017 ADDENDUM

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

Printed On Oct 29, 2018

Pt's wife called that pt was arrested and wants to talk to us, urgent. 516-353-7485. Provider-Patient Communication with written notation by Loretta "called, left a message to call back."

/es/ SHIRLEY M TANSIONGCO, MD, FACP
PC ATTENDING PHYSICIAN
Signed: 02/10/2017 15:15

02/15/2017 ADDENDUM

STATUS: COMPLETED

Received a note from (veteran's spouse Judith) regarding the veteran's current status. She said veteran was recently arrested (4 days in jail) and discharged after calling 911 and resisting arrest. She also said he had been abusing alcohol and has gotten worse. She claimed he is now 'sober'. Requesting consult to be seen by a VAPsychiatrist. She said the veteran agrees for a consult to be placed. Phone number to call Psychiatry as well as SARRT given.

She denies veteran has suicidal ideation and has no intention to harm others.

Provider is informed.

/es/ LORETTA J FINNEGAN, RN
Outpatient Clinic EMW 4373
Signed: 02/14/2017 15:37

Psychiatry CPRS

/es/ SHIRLEY M TANSIONGCO, MD, FACP
PC ATTENDING PHYSICIAN
Signed: 02/15/2017 09:44

02/15/2017 ADDENDUM

STATUS: COMPLETED

Received a 2 page-letter from the wife stating patient's different moods and psychological symptoms which will be scanned. I have already put in for VA Psych CPRS.

/es/ SHIRLEY M TANSIONGCO, MD, FACP
PC ATTENDING PHYSICIAN
Signed: 02/15/2017 16:37

LOCAL TITLE: PC-FOLLOW UP
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 11, 2016@13:16
AUTHOR: TANSIONGCO, SHIRLEY
URGENCY:

ENTRY DATE: AUG 11, 2016@13:16:36
EXP COSIGNER:
STATUS: COMPLETED

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of hyperlipidemia, hypertension and GERD

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
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Progress Notes

Printed On Oct 29, 2018

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)

71 year old WHITE MALE came in for evaluation and management of hyperlipidemia, hypertension and GERD. He complains of right knee pain x 2-3 weeks, dull, intermittent, 2/10, worse in morning, relieved by Advil. he also complains of right shoulder pain x 2-3 weeks, intermittent, no aggravating factor, relieved with Advil. He refused PM&R consult. No other complaints at this time.

wife: Judy

automechanic repair place, day care, rental property

PMH/PSH:

1. Hypertension
2. Gastroesophageal Reflux Disease
3. hyperlipidemia
4. TIA 6/2014
5. s/p tendon rupture repair on the left forearm 2005
6. s/p TBI--coma after MVA 2003

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3) AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO AFFECTED AREA EVERY DAY FOR DRY SKIN	ACTIVE
4) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
5) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP, SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE (S)
6) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
7) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
8) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
9) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE
10) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE
11) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE
12) TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO AFFECTED AREAS	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
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Progress Notes

Printed On Oct 29, 2018

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

* The patient is not a wandering risk.

Allergies/ADR: NKDA

SOCIAL HISTORY: TOBACCO: no

ALCOHOL: 1 glass of whisky QD (C+AGE)

RECREATIONAL DRUGS: no

OCCUPATION: auto mechanic; Air Force 1969-70

MARITAL STATUS: married, lives with wife

FAMILY HISTORY: MOTHER -93y/o, arthritis

FATHER -died at age 85, bladder cancer with mets to lungs

1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 125/81 (08/11/2016 13:12)

P = 64 (08/11/2016 13:12)

RR=18 (08/11/2016 13:12)

Temp=afebrile

Weight =246 lb [111.8 kg] (08/11/2016 13:12)

Height=66.5 in [168.9 cm] (08/11/2016 13:12)

BODY MASS INDEX - 39.2 (AUG 11, 2016@13:12:01)

Pain Scale = 3 (08/11/2016 13:12)

GENERAL: Looks right for age, severely obese, oriented x3, not in cardio-respiratory distress

HEENT: NCAT, PERLLA, EOMI

Lungs/Chest: Clear to auscultation bilaterally.

No wheezes or rhonchi, no rales.

Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur

Abdomen: Audible bowel sounds, soft, non-tender, non-distended, No hepatosplenomegaly, no palpable masses.

Extrem: No cyanosis, no clubbing, 1+ edema

Pulses: done previously:

DP right 3+, left 4+ (0-4+)

TP (bilateral) 3+(0-4+)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

Printed On Oct 29, 2018

LABS: 6/14/16 CBC, Chem 7/13: reviewed with the patient
 GLUCOSE 126 H mg/dL 70 - 99
 ROCEDURE SUMMARY CODE: Abnormal
 DATE/TIME PERFORMED: AUG 19, 2015@08:54

The FVC is reduced. The FEV1 and FEV1/FVC are normal.
 There is a response to inhaled bronchodilator.
 The flow volume loop is coved.
 No persistent airway obstruction.
 These findings suggest reactive airway disease. Clinical correlation is suggested.

A restrictive component cannot be excluded, suggest static lung volumes and diffusing capacity.

Medical Records (scanned 6/11/14)

- 1.Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation
- 2.CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left nferior-anterior temporal region may represnt arachnoid cyst vs focal encephalomalacia; periventricualr chronic ischemic gliosis
- 3.Carotid doppler 6/4/14: no focal stenosis in bialteral carotid arteries
- 4.Med list:

Aggrenox 25/200 1 cap BID
 Losartan 50mg pO QD
 Rosuvastatin 20mg pO QD
 Amlodipine 10mg pO QD
 Omeprazole 20mg pO QD

5. Labs 6/1/14

ASSESSMENT AND PLAN:

- 1.Hypertension: controlled, continue Amlodipine, Losartan
- 2.Gastroesophageal Reflux Disease: continue Omeprazole
- 3.TIA 6/2014: continue Aggrenox, Atorvastatin
- 4.cerumen AD: ear irrigation clinic done, Debrox given
- 5.hearing loss:continue hearing aids, seen in VA Audiology
- 6.osteoarthritis: continue Tylenol
- 7.hyperlipidemia: controlled, continue Atorvastatin 40mg PO qhs, diet and exercise, claims he had dizziness with Atorvastatin but had resolved, the dizziness might be from the early CVA
- 8.h/o skin lesions, acne?? in different stages:improved, s/p Doxycycline
- 9.Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11
 Viagra 50mg pO prn
- 10.Nocturia: continue Flomax 0.4mg PO QD
- 11.sob on exertion: for EKG 2/25/15 78/min, SR, +45oaxis, normal EKG, and stress test 3/26/15: negative, spirometry to r/o pulmonary etio
- 12.rhinitis: resolved
- 13.hyperreactive airway: continue Albuterol
- 14.depression, anxiety, ETOH abuse: declined Psych

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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15.social issues: Social Work consulted
 16.right knee,right shoulder pain: relieved with Advil, continue Advil with food
 and drink lots water, may take Acetaminophen instead, refused PM&R consult
 17.Health maintenance/Primary Preventions:
 Flu shot(Yearly 65 and over or if *): 12/2/15
 Pneumovax(Once at 65 or Q5 yrs if *):PPSV23: 11/21/11,
 PCV13: 12/29/14
 Tetanus (Q10 yrs): Td 2005
 PSA (Inconclusive 50-70y/o):0.52
 Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given
 Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA,on Atorvastatin
 Diet and exercise encouraged

Pt advised to bring his medical records on his next visit.
 CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC
 RTC 3 months or sooner if needed.

/es/ SHIRLEY M TANSIONGCO, MD,FACP
 PC ATTENDING PHYSICIAN
 Signed: 08/11/2016 13:50

LOCAL TITLE: PC-FOLLOW UP
 STANDARD TITLE: PRIMARY CARE NOTE
 DATE OF NOTE: JUN 17, 2016@08:34 ENTRY DATE: JUN 17, 2016@08:34:11
 AUTHOR: TANSIONGCO,SHIRLEY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** PC-FOLLOW UP Has ADDENDA ***

Primary Care Attending Physician's Note: CBOC/East Meadow Clinic

CHIEF COMPLAINT: evaluation and management of hypertension, hyperlipidemia
 and GERD

HISTORY OF PRESENT ILLNESS: (nurse's/health technician's note reviewed)
 71 year old WHITE MALE. came in for evaluation and management of
 hypertension, hyperlipidemia and GERD. He developed acute orchitis and was seen
 in NUMC ER, given PO Levaquin x 10 days with improvement. His nocturia had
 improved slightly after increasing Flomax to 2 tabs pO QD and adding
 Finasteride 5mg pO QD. He declined Psych referral at this time for depression
 and anxiety. He denies suicidal or homicidal ideations. No other complaints at
 this time.

wife: Judy
 automechanic repair place, day care, rental property

PMH/PSH:
 1.Hypertension
 2.Gastroesophageal Reflux Disease
 3.hyperlipidemia

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available).
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4.TIA 6/2014

5.s/p tendon rupture repair on the left forearm 2005

6.s/p TBI--coma after MVA 2003

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3) AMMONIUM LACTATE 12% LOTION APPLY THIN FILM TO AFFECTED AREA EVERY DAY FOR DRY SKIN	ACTIVE
4) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
5) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
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10) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED	ACTIVE
11) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE
12) TRIAMCINOLONE ACETONIDE 0.1% OINT APPLY SMALL AMOUNT TO AFFECTED AREA EVERY 12 HOURS FOR RASH APPLY TO AFFECTED AREAS	ACTIVE

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

The patient's capacity to make decisions relative to their immediate physical safety and well being has been addressed during this visit.

* The patient is not a wandering risk.

Allergies/ADR:NKDA

SOCIAL HISTORY: TOBACCO:no

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

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Progress Notes

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ALCOHOL: 1 glass of whisky QD (C+AGE)
 RECREATIONAL DRUGS: no
 OCCUPATION: auto mechanic; Air Force 1969-70
 MARITAL STATUS: married, lives with wife
 FAMILY HISTORY: MOTHER -93y/o, arthritis
 FATHER -died at age 85, bladder cancer with mets to lungs
 1 son and 1 daughter: A&W

REVIEW OF SYSTEMS:

No change from 11/21/11 unless stated in HPI

PHYSICAL EXAM:

Vital Signs:

BP = 147/93 (06/17/2016 08:29)
 P = 73 (06/17/2016 08:24)
 RR=18 (06/17/2016 08:24)
 Temp=98.5 F [36.9 C] (06/17/2016 08:29)
 Weight =242 lb [110.0 kg] (06/17/2016 08:24)
 Height=67 in [170.2 cm]
 BODY MASS INDEX - 38.0 (JUN 17, 2016@08:24:05)
 Pain Scale = 0 (06/17/2016 08:24)

GENERAL: Looks right for age, severely obese, oriented x3,
 not in cardio-respiratory distress
 HEENT: NCAT, PERLLA, EOMI
 Lungs/Chest: Clear to auscultation bilaterally.
 No wheezes or rhonchi, no rales.
 Cardiac: S1, S2 audible, RRR, no S3, no S4, no murmur
 Abdomen: Audible bowel sounds, soft, non-tender, non-distended,
 No hepatosplenomegaly, no palpable masses.
 Extrem: No cyanosis, no clubbing, 1+ edema
 Pulses: done previously:
 DP right 3+, left 4+ (0-4+)
 TP (bilateral) 3+(0-4+)

LABS: 6/14/16 CBC, Chem 7/13: reviewed with the patient
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1. Echo 6/4/14: EF:60%, mild AI, mitral valve E/A reversal suggests impaired left ventricular relaxation
2. CT of the head C- 6/3/14: no acute pathology, encephalomalacia bilateral frontal lobes and right temporo-occipital region; focal area of hypodensity in the left inferior-anterior temporal region may represent arachnoid cyst vs focal encephalomalacia; periventricular chronic ischemic gliosis
3. Carotid doppler 6/4/14: no focal stenosis in bilateral carotid arteries
4. Med list:
 - Aggrenox 25/200 1 cap BID
 - Losartan 50mg po QD
 - Rosuvastatin 20mg po QD
 - Amlodipine 10mg po QD
 - Omeprazole 20mg po QD
5. Labs 6/1/14

ASSESSMENT AND PLAN:

1. Hypertension: controlled, continue Amlodipine, Losartan
2. Gastroesophageal Reflux Disease: continue Omeprazole
3. TIA 6/2014: continue Aggrenox, Atorvastatin
4. cerumen AD: ear irrigation clinic done, Debrox given
5. hearing loss: continue hearing aids, seen in VA Audiology
6. osteoarthritis: continue Tylenol
7. hyperlipidemia: controlled, continue Atorvastatin 40mg PO qhs, diet and exercise, claims he had dizziness with Atorvastatin but had resolved, the dizziness might be from the early CVA
8. h/o skin lesions, acne?? in different stages: improved, s/p Doxycycline
9. Erectile Dysfunction: for total testosterone, Prolactin, TSH, glucose Sexual Health Inventory for Men (SHIM) SCORE 10/19/12= 11
Viagra 50mg po prn
10. Nocturia: continue Flomax 0.4mg PO QD
11. SOB on exertion: for EKG 2/25/15 78/min, SR, +45oaxis, normal EKG, and stress test 3/26/15: negative, spirometry to r/o pulmonary etio
12. rhinitis: resolved
13. hyperreactive airway: continue Albuterol
14. depression, anxiety, ETOH abuse: declined Psych
15. social issues: Social Work consulted
16. Health maintenance/Primary Preventions:
 - Flu shot (Yearly 65 and over or if *): 12/2/15
 - Pneumovax (Once at 65 or Q5 yrs if *): PPSV23: 11/21/11,
PCV13: 12/29/14
 - Tetanus (Q10 yrs): Td 2005
 - PSA (Inconclusive 50-70y/o): 0.52
 - Sigmoidoscopy (>50y/o q 3-5 years)/colonoscopy: Guaiac cards given
 - Cholesterol (M: 35-65y/o, F: 45-65y/o): with CVA, on Atorvastatin
 - Diet and exercise encouraged

Pt advised to bring his medical records on his next visit.

CBC, Chem 7/13, Lipid Profile, PSA, Hgb Alc, UA 1 week prior to RTC
RTC 3 months or sooner if needed.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Patient Education:

LEARNING NEEDS ASSESSMENT

Learning Needs Assessment-Person who was assessed and/or taught.
...Patient

HTN Assess for Elevated BP>=140/90:

The patient's blood pressure is usually adequately controlled. No medication changes are indicated at this time.

Education on lifestyle modification including weight loss, decreasing sodium intake and increasing physical activity provided.

Colorectal Cancer Screening:

FECAL OCCULT BLOOD is to be done yearly for patients 52 years of age and above. Three samples are needed.

Three stool cards were given to the patient today. Instruction and return envelope provided. *FOBT ORDERED*

/es/ SHIRLEY M TANSIONGCO, MD,FACP

PC ATTENDING PHYSICIAN

Signed: 06/17/2016 08:56

07/25/2016 ADDENDUM

STATUS: COMPLETED

Veteran called complaining of Right knee pain of 10/10 for 3 days. Veteran with difficulty walking due to pain. Denies redness and swelling to the right knee. Veteran stated he was told by friends to take chondroitin and glucosamine but it was not effective. Veteran will go to the local ER because he is 2 hours away from VA. Informed that note will be forwarded.

/es/ ELAINE D PAYTON

VISN 3 Telephone Triage RN

Signed: 07/22/2016 21:02

/es/ SHIRLEY M TANSIONGCO, MD,FACP

PC ATTENDING PHYSICIAN

Signed: 07/25/2016 15:50

LOCAL TITLE: AUDIOLOGY TELEPHONE NOTE

STANDARD TITLE: AUDIOLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JAN 08, 2016@11:24

ENTRY DATE: JAN 08, 2016@11:24:46

AUTHOR: MENJIVAR, SANDY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** AUDIOLOGY TELEPHONE NOTE Has ADDENDA ***

Veteran reported that he lost the right Starkey 3 Series FS hearing aid. Hearing aid replacement was ordered, received, programmed and mailed to the veteran's home.

/es/ SANDY MENJIVAR AuD F-AAA

DOCTOR OF AUDIOLOGY

Signed: 01/08/2016 11:27

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB:03/06/1945

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Page 78

Progress Notes

Printed On Oct 29, 2018

04/18/2016 ADDENDUM

STATUS: COMPLETED

Received replacement left Starkey 3 Series ITE hearing aid with added jewel loop as discussed with the veteran. Otoclip coupled to the hearing aid and mailed to the veteran's home.

/es/ SANDY MENJIVAR AuD F-AAA

DOCTOR OF AUDIOLOGY

Signed: 04/18/2016 10:50

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
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BALDWIN, NEW YORK 11510
DOB: 03/06/1945

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**DEPARTMENT OF
VETERANS AFFAIRS**

**NORTHPORT VA MEDICAL CENTER
79 Middleville Road
Mail Stop: BUS/ROI
Northport, NY 11768**

**DATE: 1/22/2019
In Reply Refer To: BUS/ROI
SSN: 8925**

**JUDITH BESEDIN
922 JENNIE COURT
NORHT BELLMORE, NY 11710**

RE: ROI Plus Request for ROBERT BESEDIN

Dear JUDITH BESEDIN:

This individually identifiable information is privileged. Its confidentiality should be maintained along with appropriate security safeguards to protect against individual harm (identity theft), embarrassment, or inconvenience.

Sincerely,



MICHAEL LOUIS FITZPATRICK - Release of Information

Discharge Summaries

Printed On Jan 22, 2019

LOCAL TITLE: Discharge Summary
 ADMIN DATE: DEC 20, 2018 DISCH. DATE: JAN 04, 2019
 STANDARD TITLE: DISCHARGE SUMMARY
 DICT DATE: JAN 04, 2019@19:51 ENTRY DATE: JAN 04, 2019@19:51:47
 DICTATED BY: EDELMAN, MARTHA JO ATTENDING: EDELMAN, MARTHA JO
 URGENCY: routine STATUS: COMPLETED

*** Discharge Summary Has ADDENDA ***

Ward Location: 22
 Attending Physician Name: Dr. M.Edelman, MD

(X) PLANNED DISCHARGE () UNPLANNED DISCHARGE

DISCHARGE DIAGNOSIS:
 Mood DO NOS, R/O Mood Disorder secondary to neurologic condition (hx of head trauma and coma 2003)
 Alcohol Use DO, R/O ALcohol induced mood disorder
 Cognitive DO NOS

CLINICAL COURSE:
 Patient is a 73 yo man with no formal psychiatric hx whose family apparently told him he needed a medical appt in order to bring him to care reporting that pt had increased drinking (alcohol), irritability and aggression. Patient has been residing alone in home that he own since his wife had hip surgery about a month prior and she has been staying with their daughter. He reported that he had been stressed because his service station (business that he owns) has been going downhill for a long time and now it has come to the point that he has very little business, is trying to sell the business and he may lose the building.
 He reported that he also has been stressed because of his relationship with his son. He says that the son has been behaving in an erratic way of late, and says that there was an incident that was very upsetting to him (the pt) whereby pt's wife fell, pt says he was assisting her up and son came upon the scene shouting that pt had pushed her down. Pt says that his wife repeatedly told the son that that was not the case however the son shouted extreme insults. Pt reports that the son lives in one of pt's homes (the mortgages on the homes are paid off), and that the son is driving a car that pt owns, registers and pays insurance for.

Due to hearing and possibly a processing issue, in order to succeed well communicating, it is necessary to speak to pt without much ambient noise and distraction, fully facing him and making eye contact.

By the time of discharge pt was able to demonstrate good impulse control, self care, and frustration tolerance. His mood was stable, there had never been any sign of aggression and sarcastic irritability that he demonstrated initially was fully resolved. He denied that he

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Discharge Summaries

Printed On Jan 22, 2019

had any thought or feelings retribution towards his wife and son for 'tricking me into coming here by saying I had a medical appt'. He discussed his plans for the future at length, acknowledged that he may well need to decrease his alcohol consumption due to age and hx of head trauma (he admits to 'a couple of beers and two shots whiskey a day') though he declined need or desire to attend treatment for substance use and points out that he did not go through any withdrawal. He also acknowledged that his wife having stayed for >than a month at their daughters (he says due to her having had hip surgery and stairs in their home being prohibitive) was behind some of his extra drinking and the stress he was feeling. He did not acknowledge that he had been increasingly irritable and 'aggressive' (as family reported) but does say "well if I was, then there's plenty of reasons and the same from their side". He expresses need to talk to his wife 'but not with my son there, that changes things and it goes bad". He says that he would like them to live together again and when confronted with possibility that she would not return, he said 'we'll have to see, I don't know what will happen'. He denies that he ever had SI, states that he is a fighter and has gotten through some 'terrible stuff' ie brain injury, coma, being 'beat up' by the police. He says 'noone and nothing is going to push me into killing myself, that isn't how I am'.

The patient declines referrals for many things including substance use treatment, evaluation in the home for help with keeping house/meals/cleaning, or moving to an environment such as senior living. He is queried about multiple tasks that he would need to do in the home and is able to give reasonable steps he was taking and intends to take regarding meal preparation. He acknowledges that he keeps a lot of tools in the house, that it is somewhat of a mess and that he has been leaving the tools in the house since wife has not been home. He also discusses the oil burner, saying he is worried that maybe because it wasn't working correctly maybe 'there were fumes', says he now knows he can't fix it himself and will need help from outside even though 'it's going to cost an arm and a leg'. With regards to pt's memory and his ability to self administer medication at home, the patient demonstrated the following to this writer: pt was able to list all medications he was taking at home, and directed this writer, during this past week, that he had been taking medications at home that he is not receiving during this admission, questioning why he is only getting one potassium pill a day here when at home he had to take 4 pills a day (in fact, home Kdur was 10 meq take 4 tablets daily while here on the unit he is receiving Kdur 40 meq take one tablet daily. He also made reference to many remote memory occurrences that are accurate.

The pt met with this writer, Dr Morer (Psychologist), and Ms McGee (SW) on the day of discharge for an extended session. He was not found to have symptoms or behaviors that would have justified further involuntary hospitalization, nor did he lack capacity to make the decision to be discharged. The patient is not a danger to himself or another at this

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Discharge Summaries

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time and can continue care in the community. He understands the medications that he has been prescribed and says he'll take them, is very much in agreement with following up with his PMD and agrees to go to MHC 'I'll try it'. He is picked up from the hospital by his wife and son.

At the time of discharge he is not an imminent danger to self or others and has capacity to make treatment decisions

Patient's prognosis: Fair if compliant with treatment recommendations

DISCHARGE MSE:

MSE upon discharge:

Appearance:

Grooming: Normal

Hygiene: Normal

Motor Activity: Unremarkable

Attention: Normal

Concentration: Normal

Memory:

Recent Memory: Intact: pt fully able to discuss events of today and well as over the past week during which writer has been attending to his case. Of note, patient is able to list all medications he was taking at home, and directed writer during this past week regarding the medications he should be on that are missing inpatient and questions why he is only getting one potassium pill a day when at home he had to take 4/day (in fact, home Kdur was 10 meq- take 4 daily while here on the unit he is receiving Kdur 40 meq/day)

Remote Memory: Intact

Thought Processes: No formal thought disorder- coherent, goal directed and logical

Thought Content: speaking appropriately about tasks that need attention once he is home, no reference to delusion, denies SI/HI

Suicidal Ideation: NO

Suicidal Plan: NO

Suicidal Intent: NO

Homicidal or violent Ideation: NO

Homicidal or violent plan: NO

Homicidal or violent intent: NO

Hallucinations: denied

Mood: 'I'm fine!, I'm happy I can go and do what I need to do!'

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Discharge Summaries

Printed On Jan 22, 2019

Affect: full range stable, pleasant

Vegetative Symptoms:

Insomnia: denied
 Appetite: normal
 Weight gain: NO
 Hopeless: NO
 Helpless: NO
 Anhedonia: NO
 Judgment: Fair
 Insight: Fair
 Impulse Control: Good

DISCHARGE MEDICATIONS

Active Outpatient Medications	Status Refills	Issue Date Last Fill Expiration
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL 04-18 Qty: 1 for 30 days Sig: INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR 05-19 SHORTNESS OF BREATH	HOLD Refills: 11	Issu:04- Expr:04-
2) AMLODIPINE BESYLATE 10MG TAB Qty: 90 01-18 for 90 days Sig: TAKE ONE TABLET BY 04-19 MOUTH EVERY DAY FOR BLOOD PRESSURE OR 02-19 HEART	ACTIVE Refills: 2	Issu:10- Last:01- Expr:10-
3) AQUAPHOR OINTMENT Qty: 454 for 30 days 06-18 Sig: APPLY SMALL AMOUNT TO AFFECTED 07-18 AREA TWICE A DAY FOR DRY SKIN APPLY TO 05-19 AFFECTED AREAS UP TO TWICE A DAY	ACTIVE Refills: 0	Issu:12- Last:12- Expr:01-
4) ASPIRIN 81MG EC TAB Qty: 30 for 30 days 04-19 Sig: TAKE ONE TABLET BY MOUTH EVERY 04-19 DAY FOR HEART BLOOD THINNER 03-19	ACTIVE Refills: 0	Issu:01- Last:01- Expr:02-
5) ATORVASTATIN CALCIUM 80MG TAB Qty: 45 03-19	ACTIVE	Issu:10-

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Discharge Summaries

Printed On Jan 22, 2019

01-18	for 90 days	Sig: TAKE ONE-HALF TABLET	Refills: 2	Last:01-
04-19	BY MOUTH AT BEDTIME FOR CHOLESTEROL			Expr:10-
02-19				
6)	CHLORTHALIDONE 25MG TAB	Qty: 90 for 90	ACTIVE (S)	Issu:11-
21-18	days	Sig: TAKE ONE TABLET BY MOUTH	Refills: 2	Last:02-
09-19	EVERY DAY			Expr:11-
22-19				
7)	CYANOCOBALAMIN 1000MCG TAB	Qty: 30 for	ACTIVE	Issu:01-
04-19	30 days	Sig: TAKE ONE TABLET BY MOUTH	Refills: 0	Last:01-
04-19	EVERY DAY FOR VITAMIN B12 DEFICIENCY			Expr:02-
03-19	LOW B12			
8)	DOXYCYCLINE HYCLATE 100MG CAP/TAB	Qty:	ACTIVE	Issu:01-
04-19	42 for 21 days	Sig: TAKE 1	Refills: 0	Last:01-
04-19	TABLET/CAPSULE MOUTH TWICE A DAY FOR			Expr:02-
03-19	INFECTION WITH FOOD X 3 WEEKS			
	INFECTION			
9)	DULOXETINE HCL 20MG CAP,ORAL	Qty: 15	ACTIVE	Issu:01-
04-19	for 15 days	Sig: TAKE ONE CAPSULE BY	Refills: 0	Last:01-
04-19	MOUTH EVERY DAY MOOD			Expr:02-
03-19				
10)	FINASTERIDE 5MG TAB	Qty: 90 for 90 days	HOLD	Issu:04-
04-18	Sig: TAKE ONE TABLET BY MOUTH EVERY		Refills: 3	Expr:04-
	DAY FOR PROSTATE			
05-19				
11)	FLUOCINONIDE 0.05% OINT	Qty: 60 for 30	ACTIVE	Issu:12-
06-18	days	Sig: APPLY THIN FILM TO AFFECTED	Refills: 0	Last:12-
07-18	AREA TWICE A DAY FOR RASH	APPLY THIN		Expr:01-
05-19	FILM TO RIGHT WRIST LESION AND			
	AFFECTED AREAS ON BOTH LOWER LEGS			
	TWICE A DAY FOR 2 WEEKS AVOID APPLING			
	TO FACE , UNDERARMS OR GROIN			
12)	GABAPENTIN 300MG CAP	Qty: 30 for 15	ACTIVE	Issu:01-
04-19	days	Sig: TAKE ONE CAPSULE BY MOUTH	Refills: 0	Last:01-

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Discharge Summaries

Printed On Jan 22, 2019

04-19 TWICE A DAY MOOD Expr:02-
 03-19
 13) KETOCONAZOLE 2% SHAMPOO Qty: 120 for 30 ACTIVE Issu:10-
 29-18 days Sig: SHAMPOO USING SMALL AMOUNT Refills: 0 Last:11-
 28-18 TO SCALP TWICE A WEEK WASH SCALP TWICE Expr:10-
 30-19 WEEKLY
 14) LOSARTAN 100MG TAB Qty: 90 for 90 days ACTIVE (S) Issu:10-
 01-18 Sig: TAKE ONE TABLET BY MOUTH EVERY Refills: 2 Last:01-
 14-19 DAY FOR BLOOD PRESSURE OR HEART Expr:10-
 02-19
 15) MUPIROCIN 2% OINT Qty: 22 for 21 days ACTIVE Issu:01-
 04-19 Sig: APPLY THIN FILM TO AFFECTED AREA Refills: 0 Last:01-
 04-19 TWICE A DAY FOR SKIN INFECTION OPEN Expr:02-
 03-19 AREAS X 3 WEEKS FACE AND SCALP
 16) OMEPRAZOLE 20MG SA CAP Qty: 90 for 90 ACTIVE Issu:10-
 01-18 days Sig: TAKE ONE CAPSULE BY MOUTH Refills: 0 Last:01-
 04-19 EVERY DAY FOR STOMACH ACID, TO BE Expr:10-
 02-19 TAKEN ON EMPTY STOMACH 30-45 MINUTES
 BEFORE A MEAL (90 DAY ITEM; 1 REFILL
 ONLY)
 17) POTASSIUM CHLORIDE 10MEQ SA TAB Qty: ACTIVE Issu:10-
 01-18 360 for 90 days Sig: TAKE FOUR Refills: 2 Last:01-
 04-19 TABLETS BY MOUTH EVERY DAY FOR Expr:10-
 02-19 POTASSIUM DEFICIENCY
 18) TAMSULOSIN 0.4MG CAP Qty: 180 for 90 ACTIVE Issu:04-
 04-18 days Sig: TAKE TWO CAPSULES BY MOUTH Refills: 3 Last:01-
 04-19 A

/es/ MARTHA JO EDELMAN

Signed: 01/07/2019 12:35

01/04/2019 ADDENDUM

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

VISTA Electronic Medical Documentation
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Discharge Summaries

Printed On Jan 22, 2019

Diagnosis for Alcohol Use Disorder- moderate

/es/ MARTHA JO EDELMAN

Signed: 01/07/2019 17:16

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Progress Notes

Printed On Jan 22, 2019

LOCAL TITLE: PSYCHIATRY-DISCHARGE NOTE/CONTINUING CARE PLAN
 STANDARD TITLE: PSYCHIATRY DISCHARGE NOTE
 DATE OF NOTE: JAN 04, 2019@19:47 ENTRY DATE: JAN 04, 2019@19:47:54
 AUTHOR: EDELMAN, MARTHA JO EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Reason for admission:

Patient is a 73 yo man with no formal psychiatric hx whose family apparently told him he needed a medical appt in order to bring him to care reporting that pt had increased drinking (alcohol), irritability and aggression. Patient has been residing alone in home that he own since his wife had hip surgery about a month prior and she has been staying with their daughter. He reported that he had been stressed because his service station (business that he owns) has been going downhill for a long time and now it has come to the point that he has very little business, is trying to sell the business and he may lose the building. He reported that he also has been stressed because of his relationship with his son. He says that the son has been behaving in an erratic way of late, and says that there was an incident that was very upsetting to him (the pt) whereby pt's wife fell, pt says he was assisting her up and son came upon the scene shouting that pt had pushed her down. Pt says that his wife repeatedly told the son that that was not the case however the son shouted extreme insults. Pt reports that son lives in one of pt's homes (the mortgages on the homes are paid off), and that the son is driving a car that pt owns, registers and pays insurance for.

The pt also reports that he was assaulted by police officers about 1.5 yr ago; he says that he accidentally dialed 911 (phone in pocket) and that he was unexpectedly "slammed to the ground" and hit his head. Veteran reports he was charged with felonies for assault of police, however after 1 week in jail, all charges were dropped. He explains that he has a case against the

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Progress Notes

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police that is ongoing and has his lawyers number.

Pt's wife reported to SW that veteran has been drinking heavily 'for many years', was able to function daily while drinking but the drinking has significantly increased over past month, to drinking a 2L bottle of whiskey a day, along with beer. She stated that veteran works while intoxicated, is verbally abusive, and at times physically abusive. Wife feels veteran is losing control of his life within the context of climbing financial stresses, and it is causing some underlying depression.

MSE upon discharge:

Appearance:

Grooming: Normal

Hygiene: Normal

Motor Activity: Unremarkable

Attention: Normal

Concentration: Normal

Memory:

Recent Memory: Intact: pt fully able to discuss events of today and well as over the past week during which writer has been attending to his case. Of note, patient is able to list all medications he was taking at home, and directed writer during this past week regarding the medications he should be on that are missing inpatient and questions why he is only getting one potassium pill a day when at home he had to take 4/day (in fact, home Kdur was 10 meq- take 4 daily while here on the unit he is receiving Kdur 40 meq/day)

Remote Memory: Intact

Thought Processes: No formal thought disorder- coherent, goal directed and logical

Thought Content: speaking appropriately about tasks that need attention once he is home, no reference to delusion, denies SI/HI

Suicidal Ideation: NO

Suicidal Plan: NO

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Suicidal Intent: NO
 Homicidal or violent Ideation: NO
 Homicidal or violent plan: NO
 Homicidal or violent intent: NO
 Hallucinations: denied

Mood: 'I'm fine!, I'm happy I can go and do what I need to do!'
 Affect: full range stable, pleasant

Vegetative Symptoms:

Insomnia: denied
 Appetite: normal
 Weight gain: NO
 Hopeless: NO
 Helpless: NO
 Anhedonia: NO
 Judgment: Fair
 Insight: Fair
 Impulse Control: Good

Suicide Assessment completed: YES

Safety Plan completed with and given to the Veteran?

YES:

Medications:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status Refills	Issue Date Last Fill Expiration
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL 04-18 Qty: 1 for 30 days Sig: INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR 05-19 SHORTNESS OF BREATH	HOLD Refills: 11	Issu:04- Expr:04-
2) AMLODIPINE BESYLATE 10MG TAB Qty: 90 01-18 for 90 days Sig: TAKE ONE TABLET BY 04-19 MOUTH EVERY DAY FOR BLOOD PRESSURE OR 02-19 HEART	ACTIVE Refills: 2	Issu:10- Last:01- Expr:10-
3) AQUAPHOR OINTMENT Qty: 454 for 30 days 06-18 Sig: APPLY SMALL AMOUNT TO AFFECTED 07-18	ACTIVE Refills: 0	Issu:12- Last:12-

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Progress Notes

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	AREA TWICE A DAY FOR DRY SKIN APPLY TO		Expr:01-
05-19	AFFECTED AREAS UP TO TWICE A DAY		
4)	ASPIRIN 81MG EC TAB Qty: 30 for 30 days	ACTIVE	Issu:01-
04-19			
	Sig: TAKE ONE TABLET BY MOUTH EVERY	Refills: 0	Last:01-
04-19			
	DAY FOR HEART BLOOD THINNER		Expr:02-
03-19			
5)	ATORVASTATIN CALCIUM 80MG TAB Qty: 45	ACTIVE	Issu:10-
01-18			
	for 90 days Sig: TAKE ONE-HALF TABLET	Refills: 2	Last:01-
04-19			
	BY MOUTH AT BEDTIME FOR CHOLESTEROL		Expr:10-
02-19			
6)	CHLORTHALIDONE 25MG TAB Qty: 90 for 90	ACTIVE (S)	Issu:11-
21-18			
	days Sig: TAKE ONE TABLET BY MOUTH	Refills: 2	Last:02-
09-19			
	EVERY DAY		Expr:11-
22-19			
7)	CYANOCOBALAMIN 1000MCG TAB Qty: 30 for	ACTIVE	Issu:01-
04-19			
	30 days Sig: TAKE ONE TABLET BY MOUTH	Refills: 0	Last:01-
04-19			
	EVERY DAY FOR VITAMIN B12 DEFICIENCY		Expr:02-
03-19			
	LOW B12		
8)	DOXYCYCLINE HYCLATE 100MG CAP/TAB Qty:	ACTIVE	Issu:01-
04-19			
	42 for 21 days Sig: TAKE 1	Refills: 0	Last:01-
04-19			
	TABLET/CAPSULE MOUTH TWICE A DAY FOR		Expr:02-
03-19			
	INFECTION WITH FOOD X 3 WEEKS		
	INFECTION		
9)	DULOXETINE HCL 20MG CAP,ORAL Qty: 15	ACTIVE	Issu:01-
04-19			
	for 15 days Sig: TAKE ONE CAPSULE BY	Refills: 0	Last:01-
04-19			
	MOUTH EVERY DAY MOOD		Expr:02-
03-19			
10)	FINASTERIDE 5MG TAB Qty: 90 for 90 days	HOLD	Issu:04-
04-18			
	Sig: TAKE ONE TABLET BY MOUTH EVERY	Refills: 3	
	DAY FOR PROSTATE		Expr:04-
05-19			
11)	FLUOCINONIDE 0.05% OINT Qty: 60 for 30	ACTIVE	Issu:12-
06-18			
	days Sig: APPLY THIN FILM TO AFFECTED	Refills: 0	Last:12-

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07-18	AREA TWICE A DAY FOR RASH APPLY THIN		Expr:01-
05-19	FILM TO RIGHT WRIST LESION AND AFFECTED AREAS ON BOTH LOWER LEGS TWICE A DAY FOR 2 WEEKS AVOID APPLING TO FACE , UNDERARMS OR GROIN		
12) 04-19	GABAPENTIN 300MG CAP Qty: 30 for 15	ACTIVE	Issu:01-
04-19	days Sig: TAKE ONE CAPSULE BY MOUTH	Refills: 0	Last:01-
04-19	TWICE A DAY MOOD		Expr:02-
03-19	13) KETOCONAZOLE 2% SHAMPOO Qty: 120 for 30	ACTIVE	Issu:10-
29-18	days Sig: SHAMPOO USING SMALL AMOUNT	Refills: 0	Last:11-
28-18	TO SCALP TWICE A WEEK WASH SCALP TWICE		Expr:10-
30-19	WEEKLY		
14) 01-18	LOSARTAN 100MG TAB Qty: 90 for 90 days	ACTIVE (S)	Issu:10-
14-19	Sig: TAKE ONE TABLET BY MOUTH EVERY	Refills: 2	Last:01-
02-19	DAY FOR BLOOD PRESSURE OR HEART		Expr:10-
15) 04-19	MUPIROCIIN 2% OINT Qty: 22 for 21 days	ACTIVE	Issu:01-
04-19	Sig: APPLY THIN FILM TO AFFECTED AREA	Refills: 0	Last:01-
04-19	TWICE A DAY FOR SKIN INFECTION OPEN		Expr:02-
03-19	AREAS X 3 WEEKS FACE AND SCALP		
16) 01-18	OMEPRAZOLE 20MG SA CAP Qty: 90 for 90	ACTIVE	Issu:10-
04-19	days Sig: TAKE ONE CAPSULE BY MOUTH	Refills: 0	Last:01-
02-19	EVERY DAY FOR STOMACH ACID, TO BE		Expr:10-
	TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)		
17) 01-18	POTASSIUM CHLORIDE 10MEQ SA TAB Qty:	ACTIVE	Issu:10-
04-19	360 for 90 days Sig: TAKE FOUR	Refills: 2	Last:01-
02-19	TABLETS BY MOUTH EVERY DAY FOR		Expr:10-
	POTASSIUM DEFICIENCY		
18)	TAMSULOSIN 0.4MG CAP Qty: 180 for 90	ACTIVE	Issu:04-

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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DOB:03/06/1945

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Progress Notes

Printed On Jan 22, 2019

04-18 days Sig: TAKE TWO CAPSULES BY MOUTH Refills: 3 Last:01-

04-19 AT BEDTIME FOR PROSTATE Expr:04-

05-19

Medication Reconciliation:

** VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver. Patient/caregiver reminded to discard old lists and to update any records with all medications.

Are two or more antipsychotics prescribed?

No

Does patient currently use tobacco?

Yes

Smoking Cessation Counseling:

1. Tobacco cessation counseling provided..
2. Advised patient to quit tobacco and given smoking cessation pamphlet.
3. Discussed the following strategies with patient to help with quitting (All of the five are required):
 - a. Set a quit date, ideally within 2 weeks*.
 - b. Remove all tobacco products from home and work.
 - c. Recognize personal danger situations (smoking Triggers') such as alcohol use, routine time for smoking, and association with other non-smokers. Develop coping skills based on triggers such as changing routines and ways to manage cravings.
 - d. Offered information regarding smoking cessation program.
 - e. Offered smoking cessation medication as appropriate.
4. Provided strong message of encouragement and support.

Patient provided with dates, times and locations of smoking cessation clinics:

Wednesdays at 1:00 PM Quad 2F

Wednesdays at 6:00 PM Quad 1A

Thursdays at 11:00 AM Videoconferencing to community based outpatient clinics (CBOCS)

Fridays at 9:00 Quad 2F

Smoking Cessation Medications:

Patient is not interested in smoking cessation medications at this time.

Smoking Cessation Clinic:

Patient is Not interested in attending smoking cessation clinic at this time.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
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DOB:03/06/1945

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Patient has been given the dates and times of the clinic.

Hospital Course:

As per note of Dr Thomas writer 12/26/18 in preparation for care to be transferred to writer on 12/27/18:

73yr male BIB wife for worsening of alcohol use, aggressiveness, mood lability and impulsivity with sporadic mild confusion. He had been doing well on the unit except minimizes his alcohol use, behavior at home and wanted to be discharged. He denies feeling depressed or having any thoughts to hurt himself or others since admission. Family meeting was held today and wife reported he resides by himself in his house and manages his medication by himself. As per them his guns are removed. He refused any alcohol rehab. Explained to wife and son further inpatient stay is not warranted against his will, as he had been doing well behaviorally on the unit and declining SUD treatment. He is also requesting for discharge. Will prepare for discharge with safe discharge plan in place. Advised to get Order of protection if they are concerned about their safety. CT head was done which shows

Impression:

No evidence of acute intracranial hemorrhage, midline shift or mass effect. Generalized volume loss. Bilateral inferior frontotemporal cortical/subcortical areas of hypodensity may be related to prior trauma. Focal area of hypodensity in right posterior temporoparietal lobe may be related to chronic infarct. Patchy nonspecific periventricular and subcortical areas of hypodensity may be related to chronic ischemic changes/infarcts. Suggest clinical correlation and further evaluation with MRI of the brain as indicated.

Patient reported he cannot do MRI as he was told he has a metal in his right eye and he will lose his vision.

MMSE scored 28/30

Will consider neuropsych testing as outpatient and referral to neurology as outpatient.

The patient decided to stay inpatient for the testing to be discharged

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Progress Notes

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at it conclusion.

Due to hearing and possibly a processing issue, in order to succeed well communicating, it is necessary to speak to pt without much ambient noise and distraction, fully facing him and making eye contact.

By the time of discharge pt was able to demonstrate good impulse control, self care, and frustration tolerance. His mood was stable, there had never been any sign of aggression and sarcastic irritability that he demonstrated initially was fully resolved. He denied that he had any thought or feelings retribution towards his wife and son for 'tricking me into coming here by saying I had a medical appt'. He discussed his plans for the future at length, acknowledged that he may well need to decrease his alcohol consumption due to age and hx of head trauma (he admits to 'a couple of beers and two shots whiskey a day') though he declined need or desire to attend treatment for substance use and points out that he did not go through any withdrawal. He also acknowledged that his wife having stayed for >than a month at their daughters (he says due to her having had hip surgery and stairs in their home being prohibitive) was behind some of his extra drinking and the stress he was feeling. He did not acknowledge that he had been increasingly irritable and 'aggressive' (as family reported) but does say "well if I was, then there's plenty of reasons and the same from their side". He expresses need to talk to his wife 'but not with my son there, that changes things and it goes bad". He says that he would like them to live together again and when confronted with possibility that she would not return, he said 'we'll have to see, I don't know what will happen'. He denies that he ever had SI, states that he is a fighter and has gotten through some 'terrible stuff' ie brain injury, coma, being 'beat up' by the police. He says 'no one and nothing is going to push me into killing myself, that isn't how I am'.

The patient declines referrals for many things including substance use treatment, evaluation in the home for help with keeping house/meals/cleaning, or moving to an environment such as senior living. He is queried about multiple tasks that he would need to do in the home and is able to give reasonable steps he was taking and intends to take regarding meal preparation. He acknowledges that he keeps a lot of tools in the house, that it is somewhat of a mess and that he has been leaving the tools in the house since wife has not been home. He also discusses the oil burner, saying he is worried that maybe because it wasn't working correctly maybe 'there were fumes', says he now knows he can't fix it himself and will need help from outside even though 'it's going to cost an arm and a leg'. With regards to pt's memory and his ability to self administer medication at home, the patient demonstrated the following to this writer: pt was able to list all medications he was taking at home, and directed this writer, during this past week, that he had been taking medications at home that he is not receiving during this admission, questioning why he is only getting one potassium pill a day here when

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at home he had to take 4 pills a day (in fact, home Kdur was 10 meq take 4 tablets daily while here on the unit he is recieving Kdur 40 meq take one tablet daily. He also made reference to many remote memory occurances that are accurate.

The pt met with this writer, Dr Morer (Psychologist), and Ms McGee (SW) on the day of discharge for an extended session, with much of the above discussed. He was not found to have symptoms or behaviors that would have justified further involuntary hospitalization, nor did he lack capacity to make the decision to be discharged. The patient is not a danger to himself or another at this time and can continue care in the community. He understands the medications that he has been prescribed and says he'll take them, is very much in agreement with following up with his PMD and agrees to go to MHC 'I'll try it'. He is picked up from the hospital by his wife and son.

Discharge Condition: Stable

Discharge Diagnosis:

Mood DO NOS, R/O Mood Disorder secondary to neurologic condition (hx of head trauma and coma 2003)

Alcohol Use DO, R/O ALcohol induced mood disorder

Cognitive DO NOS

Discharge Diet:

Decreased sodium

Physical Activity as follows: As tolerated

Discharge Location:

Home

Specify if VA program, community hospital or other:

Planned Discharge:

Discharge Appointments:

MHC within 5 days, PACT East Meadow within 10 days, Wellness Phone Checks

24 hrs, 2 and 3 and 4 weeks

Discharge Plan Communicated to staff who have access to CPRS

Hypertension

:PATIENT EDUCATION:

Call your provider if you notice any of the following:

1. Any side effects of your blood pressure pills
2. Your blood pressure is uncontrolled. The goal is <130/85.

*****GO TO THE EMERGENCY ROOM OR CALL 911 IMMEDIATELY IF:

1. You have new chest pain or tightness, or shortness of breath

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2. New or unusually severe headache, nausea or vomiting
3. New difficulty speaking, confusion, or numbness or weakness of your arms or legs

***SPECIAL INSTRUCTIONS:

1. Avoid over-the-counter cold medicines if your blood pressure is not well controlled.
2. Try to get regular exercise, and if you are overweight, lose weight
3. Try to measure your blood pressure regularly at home, or at a local drug store.
4. Always keep in your wallet or purse an up-to-date list of your medical conditions, and a list of the medicines you take.
5. Always bring your current medicines (or the list) to clinic visits to be sure they are correct.
6. Discard safely all expired medications
7. Keep up to date on getting a flu shot every year, and make sure you have had the pneumonia vaccine (Pneumovax) once.
8. DO NOT STOP TAKING YOUR BLOOD PRESSURE MEDICINES, ESPECIALLY CLONIDINE, ATENOLOL, OR METOPROLOL, without consulting your doctor.

Mental Health:

Mood DO NOS, R/O Mood Disorder secondary to neurologic condition (hx of head trauma and coma 2003)
Alcohol Use DO, R/O ALcohol induced mood disorder
Cognitive DO NOS

Time spent with the patient during discharge evaluation/planning: more than 30 minutes

/es/ MARTHA JO EDELMAN

Signed: 01/07/2019 12:19

LOCAL TITLE: MSA ADMINISTRATIVE CLERICAL NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: JAN 04, 2019@17:51

AUTHOR: JENKINS-CONYERS, CEC

URGENCY:

ENTRY DATE: JAN 04, 2019@17:51:31

EXP COSIGNER:

STATUS: COMPLETED

RTC 1/9/19 EMW-PACT 3 Patient accepts 1/14/19@11AM post hosp d/c f/u appt.

/es/ CECELIA JENKINS-CONYERS
Medical Support Assistant

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Signed: 01/04/2019 17:54

Printed On Jan 22, 2019

LOCAL TITLE: SUICIDE RISK EVALUATION - COMPREHENSIVE
 STANDARD TITLE: SUICIDE PREVENTION RISK ASSESSMENT SCREENING NOT
 DATE OF NOTE: JAN 04, 2019@17:04 ENTRY DATE: JAN 04, 2019@17:04:40
 AUTHOR: EDELMAN, MARTHA JO EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Comprehensive Suicide Risk Evaluation

This is an update to an existing suicide risk evaluation.
 The validity of the information contained within this evaluation is not in question.

Suicidal Ideation

The Veteran has never had thoughts of engaging in suicide-related behavior.

Suicide Attempts

The Veteran has not made any suicide attempts since the last VA Comprehensive Suicide Risk Screening was completed.
 The Veteran has not engaged in any preparatory behavior.

Warning Signs

Direct warning signs:

N/A

Indirect warning signs:

N/A

The following warnings signs are currently present:

Risk Factors

Financial Problems

Please Describe: facing foreclosure on his service station but 3 homes are not in danger

Legal Problems

Please Describe: pt has a case against police for assault on him

Medical Conditions and Health-Related Problems

Please Describe: hx of cognitive issues with some decline

Psychological Conditions

Please Describe: as per family pt has alcohol use disorder and is irritable when intoxicated

Social/Systemic Problems

Please Describe: conflict with son

Protective Factors and Reasons for Living

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Interpersonal Relationship

Comment: wife daughter

Positive Personal Traits or Beliefs

Comment: believes strongly in himself overcoming obstacles

Clinical Impressions:

The clinical impression of acute risk is Low Risk.

As evidenced by: no hx, no SI, no desire to end his life

The clinical impression of chronic risk is Low Risk.

As evidenced by: no SI ever, no thought to end life, a bulldog about overcoming obstacles

Risk Mitigation Plan:

General Strategies for Managing Risk in any setting:

Initiate health and welfare check

Complete or update safety plan

Address barriers to treatment engagement

By: discussion

Address medical conditions

By: done

Continue to see assigned Primary Care Provider for care

Education on emergency services

Follow-up appointments

Comment: MHC, PACT Team

Involve family/support system

Medication reconciliation

Provide Veteran with phone number for Veteran's Crisis Line:

1-800-273-8255 (press 1).

Re-evaluation:

Due to the dynamic nature of some warning signs, risk and protective factors, suicide risk should be routinely re-evaluated. These risk management strategies were chosen to address Veteran's current presentation and feasible treatment options within the system of care. This plan should be re-evaluated over time.

/es/ MARTHA JO EDELMAN

Signed: 01/04/2019 17:15

LOCAL TITLE: DISCHARGE MEDICATION LIST

STANDARD TITLE: EDUCATION DISCHARGE NOTE

DATE OF NOTE: JAN 04, 2019@16:02

ENTRY DATE: JAN 04, 2019@16:02:39

AUTHOR: SAMUEL, SUNITA MARY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Active Outpatient Medications (excluding Supplies):

Issue Date

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

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Active Outpatient Medications		Status Refills	Last Fill Expiration
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL Qty: 1 for 30 days Sig: INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	HOLD Refills: 11	Issu:04-04-18 Expr:04-05-19
2)	AMLODIPINE BESYLATE 10MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE Refills: 2	Issu:10-01-18 Last:01-04-19 Expr:10-02-19
3)	AQUAPHOR OINTMENT Qty: 454 for 30 days Sig: APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR DRY SKIN APPLY TO AFFECTED AREAS UP TO TWICE A DAY	ACTIVE Refills: 0	Issu:12-06-18 Last:12-07-18 Expr:01-05-19
4)	ASPIRIN 81MG EC TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH EVERY DAY FOR HEART BLOOD THINNER	ACTIVE Refills: 0	Issu:01-04-19 Last:01-04-19 Expr:02-03-19
5)	ATORVASTATIN CALCIUM 80MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE Refills: 2	Issu:10-01-18 Last:01-04-19 Expr:10-02-19
6)	CHLORTHALIDONE 25MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE (S) Refills: 2	Issu:11-21-18 Last:02-09-19 Expr:11-22-19
7)	CYANOCOBALAMIN 1000MCG TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN B12 DEFICIENCY LOW B12	ACTIVE Refills: 0	Issu:01-04-19 Last:01-04-19 Expr:02-03-19
8)	DOXYCYCLINE HYCLATE 100MG CAP/TAB Qty: 42 for 21 days Sig: TAKE 1 TABLET/CAPSULE MOUTH TWICE A DAY FOR INFECTION WITH FOOD X 3 WEEKS INFECTION	ACTIVE Refills: 0	Issu:01-04-19 Last:01-04-19 Expr:02-03-19
9)	DULOXETINE HCL 20MG CAP,ORAL Qty: 15 for 15 days Sig: TAKE ONE CAPSULE BY MOUTH EVERY DAY MOOD	ACTIVE Refills: 0	Issu:01-04-19 Last:01-04-19 Expr:02-03-19
10)	FINASTERIDE 5MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	HOLD Refills: 3	Issu:04-04-18 Expr:04-05-19
11)	FLUOCINONIDE 0.05% OINT Qty: 60 for 30 days Sig: APPLY THIN FILM TO AFFECTED AREA TWICE A DAY FOR RASH APPLY THIN FILM TO RIGHT WRIST LESION AND AFFECTED AREAS ON BOTH LOWER LEGS TWICE A DAY FOR 2 WEEKS AVOID APPLING TO FACE , UNDERARMS OR GROIN	ACTIVE Refills: 0	Issu:12-06-18 Last:12-07-18 Expr:01-05-19
12)	GABAPENTIN 300MG CAP Qty: 30 for 15 days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY MOOD	ACTIVE Refills: 0	Issu:01-04-19 Last:01-04-19 Expr:02-03-19
13)	KETOCONAZOLE 2% SHAMPOO Qty: 120 for 30	ACTIVE	Issu:10-29-18

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days	Sig: SHAMPOO USING SMALL AMOUNT TO SCALP TWICE A WEEK WASH SCALP TWICE WEEKLY	Refills: 0	Last:11-28-18 Expr:10-30-19
14)	LOSARTAN 100MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE (S) Refills: 2	Issu:10-01-18 Last:01-14-19 Expr:10-02-19
15)	MUPIROCIN 2% OINT Qty: 22 for 21 days Sig: APPLY THIN FILM TO AFFECTED AREA TWICE A DAY FOR SKIN INFECTION OPEN AREAS X 3 WEEKS FACE AND SCALP	ACTIVE Refills: 0	Issu:01-04-19 Last:01-04-19 Expr:02-03-19
16)	OMEPRAZOLE 20MG SA CAP Qty: 90 for 90 days Sig: TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)	ACTIVE Refills: 0	Issu:10-01-18 Last:01-04-19 Expr:10-02-19
17)	POTASSIUM CHLORIDE 10MEQ SA TAB Qty: 360 for 90 days Sig: TAKE FOUR TABLETS BY MOUTH EVERY DAY FOR POTASSIUM DEFICIENCY	ACTIVE Refills: 2	Issu:10-01-18 Last:01-04-19 Expr:10-02-19
18)	TAMSULOSIN 0.4MG CAP Qty: 180 for 90 days Sig: TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE Refills: 3	Issu:04-04-18 Last:01-04-19 Expr:04-05-19

Medications have been reviewed and reconciled. The list will be provided to the patient by Nursing.

Patient and caregiver reminded to discard old lists and to update any records with all medications.

Patient Contact information. Select appropriate location:
Unit 22

For questions, concerns or the need to reschedule your appointment call:

Mental Health Clinic: 631-266-6077 or calls can be transferred to ext:6077

Psychiatry Service: 631-261-4400 x2785

Nights/weekends: Psychiatrist On-Duty through the ER x2380

IN A CRISIS SPEAK TO A PROFESSIONAL AT
NATIONAL VA SUICIDE PREVENTION HOTLINE:
1-800-273-8255 (1-800-273-TALK) Press 1 for Veterans.

Emergency Room VA Northport (631) 261-4400 ext 2380

VA Nurse Helpline number for health information:1-800-877-6976

Active Inpatient Medications (excluding Supplies):

Active Inpatient Medications	Status
=====	=====
1) AMLODIPINE TAB 10MG PO DAILY hypertension Hold for BP, 90/60	ACTIVE
2) ASPIRIN 81MG TAB, EC 81MG PO DAILY CVD	ACTIVE

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|-----|---|--------|
| 3) | ATORVASTATIN TAB 40MG PO QHS | ACTIVE |
| 4) | CHLORTHALIDONE TAB 25MG PO DAILY Hold for BP<90/60 | ACTIVE |
| 5) | CYANOCOBALAMIN TAB 1000MCG PO DAILY low B12 | ACTIVE |
| 6) | DOXYCYCLINE CAP/TAB 1 TABLET/CAPSULE PO BID w food x 3 weeks | ACTIVE |
| 7) | DULOXETINE CAP,EC 20MG PO DAILY | ACTIVE |
| 8) | FLUTICASONE SOLN,NASAL 100MCG/2SPRAY NASAL DAILY nasal congestion , 2 sprays each nostril Daily | ACTIVE |
| 9) | GABAPENTIN CAP,ORAL 300MG PO BID for alcohol use, mood | ACTIVE |
| 10) | HYDROPHILIC OINTMENT OINT, TOP SMALL AMOUNT TOP BID apply to affected area, twice daily | ACTIVE |
| 11) | KETOCONAZOLE 2% SHAMPOO SMALL AMOUNT SCALP DAILY PRN to Scalp fungal | ACTIVE |
| 12) | LOSARTAN TAB 100MG PO DAILY HTN Hold for BP<90/60 | ACTIVE |
| 13) | MUPIROCIIN 2% OINTMENT OINT, TOP THIN FILM TOP BID open areas x 3 weeks face and scalp | ACTIVE |
| 14) | OMEPRAZOLE CAP,EC 20MG PO SU-MO-TU-WE-TH-FR-SA@0600 | ACTIVE |
| 15) | POTASSIUM CHLORIDE TAB,SA 40MEQ PO DAILY | ACTIVE |
| 16) | SODIUM CHLORIDE SOLN,SPRAY,NASAL 2 SPRAYS NASAL Q2H PRN nasal congestion | ACTIVE |
| 17) | TAMSULOSIN CAP,ORAL 0.8MG PO HS BPA | ACTIVE |
| 18) | TRAZODONE TAB 25MG PO QHS PRN for insomnia | ACTIVE |

/es/ SUNITA MARY SAMUEL PHARM. D

Clinical Pharmacist

Signed: 01/04/2019 16:03

LOCAL TITLE: PHARMACY - MEDICATION RECONCILIATION

STANDARD TITLE: PHARMACY MEDICATION MGT NOTE

DATE OF NOTE: JAN 04, 2019@15:55

ENTRY DATE: JAN 04, 2019@15:55:49

AUTHOR: SAMUEL,SUNITA MARY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

=====

MEDICATION RECONCILIATION ON DISCHARGE:

=====

PRE-DISCHARGE MEDICATIONS:

Active Inpatient Medications (excluding Supplies):

Active Inpatient Medications	Status
=====	=====
1) AMLODIPINE TAB 10MG PO DAILY hypertension Hold for BP,90/60	ACTIVE
2) ASPIRIN 81MG TAB,EC 81MG PO DAILY CVD	ACTIVE
3) ATORVASTATIN TAB 40MG PO QHS	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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DOB:03/06/1945

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|-----|----------------------------------|--|--------|
| 4) | CHLORTHALIDONE TAB | 25MG PO DAILY Hold for BP<90/60 | ACTIVE |
| 5) | CYANOCOBALAMIN TAB | 1000MCG PO DAILY low B12 | ACTIVE |
| 6) | DOXYCYCLINE CAP/TAB | 1 TABLET/CAPSULE PO BID w food x 3 weeks | ACTIVE |
| 7) | DULOXETINE CAP,EC | 20MG PO DAILY | ACTIVE |
| 8) | FLUTICASONE SOLN,NASAL | 100MCG/2SPRAY NASAL DAILY nasal congestion , 2 sprays each nostril Daily | ACTIVE |
| 9) | GABAPENTIN CAP,ORAL | 300MG PO BID for alcohol use, mood | ACTIVE |
| 10) | HYDROPHILIC OINTMENT OINT, TOP | SMALL AMOUNT TOP BID apply to affected area, twice daily | ACTIVE |
| 11) | KETOCONAZOLE 2% SHAMPOO | SMALL AMOUNT SCALP DAILY PRN to Scalp fungal | ACTIVE |
| 12) | LOSARTAN TAB | 100MG PO DAILY HTN Hold for BP<90/60 | ACTIVE |
| 13) | MUPIROCIIN 2% OINTMENT OINT, TOP | THIN FILM TOP BID open areas x 3 weeks face and scalp | ACTIVE |
| 14) | OMEPRAZOLE CAP,EC | 20MG PO SU-MO-TU-WE-TH-FR-SA@0600 | ACTIVE |
| 15) | POTASSIUM CHLORIDE TAB,SA | 40MEQ PO DAILY | ACTIVE |
| 16) | SODIUM CHLORIDE SOLN,SPRAY,NASAL | 2 SPRAYS NASAL Q2H PRN nasal congestion | ACTIVE |
| 17) | TAMSULOSIN CAP,ORAL | 0.8MG PO HS BPA | ACTIVE |
| 18) | TRAZODONE TAB | 25MG PO QHS PRN for insomnia | ACTIVE |

CHANGES TO INPATIENT MEDICATIONS ON DISCHARGE:

MD ORDERED ASA, CYANOCOBALMIN, DOXYCYCLINE, DULOXETINE, GABAPENTIN, MUPIROCIIN OINT. AT THIS TIME PATIENT DOES NOT NEED TRAZODONE, FLUTICASONE, HYDOPHILLIC OINT, KETOCONAZOLE SHAMPOO OR SODIUM NASAL SPRAY. ALL OTHER MEDS WERE RENEWED.

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver. Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

/es/ SUNITA MARY SAMUEL PHARM. D
Clinical Pharmacist
Signed: 01/04/2019 16:02

LOCAL TITLE: INFECTIOUS DISEASE - E CONSULT

STANDARD TITLE: INFECTIOUS DISEASE CONSULT

DATE OF NOTE: JAN 04, 2019@15:37

ENTRY DATE: JAN 04, 2019@15:37:21

AUTHOR: LOBO, ZEENA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

ANTIMICROBIAL STEWARDSHIP E CONSULT NOTE

The requested antimicrobial is approved.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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VISTA Electronic Medical Documentation

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Progress Notes

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doxy for cellulitis

Case discussed with Dr. Zeena Lobo

This approval does not represent an Infectious Diseases consultation, but reflects an assessment of the appropriateness of therapy based upon the indication provided by the requesting physician, and by a review of medical chart and microbiologic data. The patient has neither been interviewed nor examined.

/es/ ZEENA LOBO

ID ATTENDING

Signed: 01/04/2019 15:38

LOCAL TITLE: PSYCHOLOGY GROUP THERAPY NOTE

STANDARD TITLE: PSYCHOLOGY GROUP COUNSELING NOTE

DATE OF NOTE: JAN 04, 2019@15:02

ENTRY DATE: JAN 04, 2019@15:03:13

AUTHOR: YENKO, IRA ANTHONY

EXP COSIGNER: MORA, LOUIS E

URGENCY:

STATUS: COMPLETED

GROUP: Coping Skills Group

DURATION: 60 min

LOCATION: Unit 22

NUMBER ATTENDEES: 4

FACILITATOR: Louis Mora, Ph.D., Psychologist; Ira Yenke, MA, Psychology Trainee

The group session focused on the role of thoughts as they influence feelings and behaviors, the experience of trauma, and utility of behaviors in achieving our goals.

INTERVENTIONS: We provided support and empathy, and established rapport with group members. We utilized a visualization task to aid in illustrating the impact of thoughts on our feelings and behaviors. We facilitated an environment of acceptance to allow for the discussion of emotionally evocative topics. We discussed the role of perspective and utility when attempting to achieve our goals.

INDIVIDUAL CONTENT: The Veteran appeared alert and, despite difficulty using his assisted listening device, appeared engaged with the group material. He appeared well related to members in the group and the facilitators. The Veteran's eye contact was good. His mood appeared euthymic, affect appeared appropriate to content. His thought process appeared tangential at times. He discussed his interactions with the legal system.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

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DOCUMENTED DIAGNOSIS: Alcohol Use Disorder; Dementia, unspecified.

This case is discussed in ongoing, face-to-face supervision with the supervising psychologist, Dr. Mora. Co-signature indicates that the supervisor is in agreement with the care provided and the content of the note.

/es/ IRA ANTHONY YENKO
PSYCHOLOGY TRAINEE
Signed: 01/04/2019 15:04

/es/ LOUIS E MORA
Psychologist
Cosigned: 01/04/2019 16:11

LOCAL TITLE: SUICIDE PREVENTION SAFETY PLAN
STANDARD TITLE: SUICIDE PREVENTION NOTE
DATE OF NOTE: JAN 04, 2019@14:57 ENTRY DATE: JAN 04, 2019@14:57:38
AUTHOR: EDELMAN, MARTHA JO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SAFETY PLAN

Please follow the steps described below on your Safety Plan.
If you are experiencing a medical or mental health emergency,
please call 911, at any time.
If you are unable to reach your safety contacts or you are in crisis,
please call the Veterans Crisis Line at 1-800-273-8255 (press 1).

Step 1: Triggers, Risk Factors and Warning Signs

How will you know when you are in crisis and that the Safety Plan should be used? What are your personal red flags?

1. My son not paying rent
2. Financial difficulties with my garage, properties
3. My wife and I argue over small things
- 4.
- 5.

Step 2: Internal Coping Strategies

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

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What can you do, on your own, to help you stay safe and not act on your suicidal thoughts or urges in the future? What have you done in the past to stay safe?

1. Walk away from the scenario
2. Just dive into my work and keep busy
- 3.
- 4.
- 5.

Step 3: Social Contacts Who May Distract from the Crisis

Other than mental health providers and counselors, who can you contact who helps take your mind off your problems or helps you feel better?

Name: Jim's son in Law
Phone number: Number in phone

Name: Daughter Laura
Phone number: Number in phone

What public places, groups, or social events help you feel better?
Examples of social settings include community events, beaches, parks, coffee shops, malls, churches, clubs, 12 step meetings, aftercare groups, support groups, Veterans organizations, Vet center social events.

1. Head upstate to my other property
2. The garage, to work
- 3.
- 4.
- 5.
- 6.

Step 4: Family Members or Friends Who May Offer Help

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
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Who are friends or family members who should be included in your plan?

Name: Judith (spouse)
Phone number: (516)353-7485

Name: Laura (daughter)
Phone number: in phone

Step 5: Professionals and Agencies to Contact for Help

Who are the mental health professionals or professional peer supports who should be included in your plan?
Please list the numbers you would call in the order you would call them.

Name: Tansiongco, Shirley
Phone number: 4350

Name: Bengeloun, Atman
Phone number:

Veterans Crisis Line: 1 - 800 - 273 - TALK (8255), press 1
Veterans Crisis Line Text Messaging Service: 838255
Veterans Crisis Line: <https://www.veteranscrisisline.net/chat>

Call "911" in an emergency

If you need to go to an urgent care center or emergency room, where will you go?

Facility name: Northport VA
Facility address:

Northport, NY
Facility phone number: 631214400

Local VA site-specific emergency numbers:

Suicide Prevention Team:
Nancy Olsen LCSW, 631-261-4400 ext. 2791
Elizabeth Gormezano LCSW, 631-261-4400 ext 2314
Homeless Veterans Call Line # 1-877-424-3838

Step 6: Making the Environment Safe

Ways to make my environment safer and barriers I will use to protect myself from these potentially lethal means:
Try to continue to keep guns and alcohol out of the house.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
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Veteran has access to firearms: No

Veteran has access to opioids: No

These are the people who will help me protect myself from having access to dangerous items:

Name: Judith (wife)

Phone: (516)353-7485

Veteran's current, physical address:

2510 HARRISON AVE

BALDWIN, NY 11510

Other Resources:

- My3 smartphone application (copy of Safety Plan on smartphone)
- Virtual Hope Box smartphone application (create a hope box to remember good things in one's life)
- Maketheconnection.net (source of Veteran-related resources and information)
- VetsPrevail.org (online therapy and/or chat with trained peer support; can access online or on smartphone)

Veteran has been given a copy of this Safety Plan.

Veteran does not have a caregiver to give copy of Safety Plan to.

Provider may contact the following person(s) to check on safety:

Name: Judith (spouse)

Phone: (516)353-7485

Release of Information on file: No

/es/ MARTHA JO EDELMAN

Signed: 01/04/2019 16:52

LOCAL TITLE: PSYCHOLOGY - GENERAL NOTE

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: JAN 04, 2019@14:56

ENTRY DATE: JAN 04, 2019@14:57:02

AUTHOR: MANISCALCO, JAMES ST EXP COSIGNER: MORA, LOUIS E

URGENCY:

STATUS: COMPLETED

*** PSYCHOLOGY - GENERAL NOTE Has ADDENDA ***

I met with the Veteran today to complete neuropsychological testing initiated on 1/2/19. The Veteran completed testing today via completion of one WASI-II subtest (Similarities), and the COWAT (FAS and Animals).

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

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Progress Notes

Printed On Jan 22, 2019

Preliminary results obtained on the tests administered today and the 1/2/19 testing session suggest a pattern of cognitive deficits in the domains of attention, executive functioning, and language. These deficits manifest in various ways, including difficulties in sustained attention, working memory, nonverbal abstract thinking, verbal and nonverbal encoding, and naming and verbal fluency. Given the Veteran's cognitive profile, as well as evidence of impaired abilities to complete instrumental and basic activities of daily life, he meets criteria for Major Neurocognitive Disorder, moderate, with behavioral disturbance. The etiology of these deficits is likely multidetermined by his history of alcohol use disorder, traumatic brain injury, brain infarcts and vascular changes/risk factors. Depressive symptoms due to changes in functional status and financial stressors may also represent a significant contributory factor to the Veteran's presentation. An emerging organic disease process also cannot be ruled out at this time.

The Veteran's everyday life, particularly in participating in instrumental activities is likely to be negatively impacted by his cognitive issues identified via testing. It is essential that he continue to follow up with Psychiatry and to manage his care and identify compensatory strategies to improve his functioning. Consultation with Neurology may also be considered. He would likely benefit from some level of supervision at his place of residence to assist in caring for himself and completing instrumental activities of daily living.

Formal testing report to follow.

This case is discussed in ongoing, face-to-face supervision with the supervising psychologist, Dr. Mora. Co-signature indicates that the supervisor is in agreement with the care provided and the content of the note.

/es/ JAMES STEPHEN MANISCALCO
Psychology Intern
Signed: 01/04/2019 15:01

/es/ LOUIS E MORA
Psychologist
Cosigned: 01/04/2019 16:11

Receipt Acknowledged By:
01/08/2019 08:24 /es/ MARTHA JO EDELMAN

01/07/2019 13:43 /es/ Kelsey McGee, LMSW
Social Worker

01/04/2019 ADDENDUM STATUS: COMPLETED
The extent to which identified cognitive difficulties negative affect the Veteran's "instrumental and basic activities of daily life" remains unclear. Concern about such negative effects seems to be mostly related to accounts by family although the Veteran reported functioning relatively independently, which is consistent with his behavior on the unit. For example, across the

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
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Progress Notes

Printed On Jan 22, 2019

hospitalization he has demonstrated appropriate social skills, and independent feeding, bathing, and dressing. The full testing report will soon follow.

/es/ LOUIS E MORA

Psychologist

Signed: 01/04/2019 16:57

LOCAL TITLE: ADVANCE DIRECTIVE DISCUSSION
STANDARD TITLE: ADVANCE DIRECTIVE DISCUSSION
DATE OF NOTE: JAN 04, 2019@12:00 ENTRY DATE: JAN 07, 2019@07:59:26
AUTHOR: MCGEE, KELSEY L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Undersigned provided education on Medical and Mental Health Advance Directives including the uses of Advance Directives, the appointment of a Health Care Proxy, when Advance Directives become applicable and the right to revise or rescind the directives. Veteran declines to complete Advance Directives at this time, may consider in the future. Veteran advised of ongoing Social Work availability to assist if he decides to complete Advance Directives in the future.

/es/ Kelsey McGee, LMSW

Social Worker

Signed: 01/07/2019 07:59

LOCAL TITLE: SOCIAL WORK CONSULT
STANDARD TITLE: SOCIAL WORK CONSULT
DATE OF NOTE: JAN 04, 2019@12:00 ENTRY DATE: JAN 07, 2019@08:01:29
AUTHOR: MCGEE, KELSEY L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Inpatient SW received consult on behalf of Veteran, and completed chart review. Patient is presently receiving acute SW services on psychiatric unit. Please refer to SW documentation for further information regarding psychosocial assessment, precipitating factors to hospitalization, discussion re: treatment options, and discharge plans.

Inpatient SW to provide assistance with all acute SW needs while Veteran remains on Unit 22.

/es/ Kelsey McGee, LMSW

Social Worker

Signed: 01/07/2019 08:02

LOCAL TITLE: PSYCHIATRY - INPATIENTNOTE
STANDARD TITLE: PSYCHIATRY INPATIENT NOTE
DATE OF NOTE: JAN 03, 2019@11:36 ENTRY DATE: JAN 03, 2019@11:37:16
AUTHOR: EDELMAN, MARTHA JO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
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DOB: 03/06/1945

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Progress Notes

Printed On Jan 22, 2019

Psychiatry Inpatient Progress Note (45min)

ID: BESEDIN, ROBERT is a 73 y/o WHITE MALE,

Subjective:

Mr. Besedin is a 73 yo man brought to medical ER by wife for her report of worsening of alcohol use, aggressiveness, mood lability and impulsivity with sporadic mild confusion. Veteran states that he has been doing well and doesn't understand why he is here. He states that he doesn't feel he is a threat to his family or himself. He talks at length with writer about future plans, conflicts that he has had with his son, thoughts on dealing with having to sell or possibly foreclose on his shop but says that the homes has are paid off and he is able to manage the taxes etc. He said that the neuropsych testing went ok yesterday though he was frustrated with trying to remember some of the tasks or words he was asked. He also says that been getting along well with staff and other veterans and enjoys talking with them. He states that he wants to go home to take care of his business. He denies thoughts to harm anyone or himself, smiles when asked if he is depressed and said 'I'm a fighter, a bulldog, nothing will get me down, I fix things'.

Objective:

MEDICATIONS:

Active Inpatient Medications (excluding Supplies):

AMLODIPINE TAB 10MG PO DAILY hypertension Hold for BP, 90/60	ACTIVE
ATORVASTATIN TAB 40MG PO QHS	ACTIVE
CHLORTHALIDONE TAB 25MG PO DAILY Hold for BP<90/60	ACTIVE
CYANOCOBALAMIN TAB 1000MCG PO DAILY low B12	ACTIVE
DOXYCYCLINE CAP/TAB 1 TABLET/CAPSULE PO BID w food x 3 weeks	ACTIVE
DULOXETINE CAP, EC 20MG PO DAILY	ACTIVE
FLUTICASONE SOLN, NASAL 100MCG/2SPRAY NASAL DAILY nasal congestion, 2 sprays each nostril Daily	ACTIVE
GABAPENTIN CAP, ORAL 300MG PO TID for alcohol use, mood	ACTIVE
HYDROPHILIC OINTMENT OINT, TOP SMALL AMOUNT TOP BID apply to affected area, twice daily	ACTIVE
KETOCONAZOLE 2% SHAMPOO SMALL AMOUNT SCALP DAILY PRN to Scalp fungal	ACTIVE
LOSARTAN TAB 100MG PO DAILY HTN Hold for BP<90/60	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
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Progress Notes

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MUIPIROCIN 2% OINTMENT OINT, TOP THIN FILM TOP BID open	ACTIVE
areas x 3 weeks face and scalp	
OMEPRazole CAP, EC 20MG PO SU-MO-TU-WE-TH-FR-SA@0600	ACTIVE
POTASSIUM CHLORIDE TAB, SA 40MEQ PO DAILY	ACTIVE
SODIUM CHLORIDE SOLN, SPRAY, NASAL 2 SPRAYS NASAL Q2H PRN	ACTIVE
nasal congestion	
THIAMINE TAB 100MG PO DAILY alcohol use disorder	ACTIVE
TRAZODONE TAB 25MG PO QHS PRN for insomnia	ACTIVE

VITALS:

Blood Pressure: 114/76 (01/03/2019 11:05)
 Pulse: 83 (01/03/2019 11:05)
 Respiration: 19 (01/03/2019 11:05)
 Temperature: 99.3 F [37.4 C] (01/03/2019 11:05)
 Weight: 237.1 lb [107.8 kg] (12/20/2018 20:17)
 Height: 67 in [170.2 cm] (12/20/2018 20:17)
 BMI: BODY MASS INDEX - 37.2 (DEC 20, 2018@20:17)

MENTAL STATUS EXAM:

APPEARANCE: clean somewhat rumpled
 MOTOR ACTIVITY: no tremor, no abnormal movements, normal PMA
 ATTITUDE: cooperative, pleasant, disclosing
 EYE CONTACT: appropriate
 SPEECH: normal rate, volume
 FLOW OF THOUGHT: linear
 CONTENT OF THOUGHT: denies SI, denies HI, no referenc to delusions
 PERCEPTION: denies AH, denies VH
 MOOD: " I'm doing ok "
 AFFECT: appropriate, stable, pleasant
 COGNITION: intact
 ORIENTATION: x 3
 INSIGHT: impaired
 JUDGMENT: partial

LABS/IMAGING/STUDIES:

- No pertinent studies at this time

ASSESSMENT:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB: 03/06/1945

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Progress Notes

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Psychiatric Issues:

Mood Disorder: Unspecified depressive DO, Alcohol Use DO, R/O SIMD, Unspecified Neurocog DO

CPRS-documented problem list:

Active Problem

Impacted cerumen * (ICD-9-CM 380.4) 11/21/2011 TANSIONGCO, SHIRLEY
 Hypertension * (ICD-9-CM 401.9) 401 11/21/2011 TANSIONGCO, SHIRLEY
 Gastroesophageal Reflux Disorder * 11/21/2011 TANSIONGCO, SHIRLEY
 Hearing loss * (ICD-9-CM 389.9) 389 11/21/2011 TANSIONGCO, SHIRLEY
 Hyperlipidemia 272.4 04/20/2012 TANSIONGCO, SHIRLEY
 H/O: TIA (SNOMED CT 161511000) V12. 06/24/2014 TANSIONGCO, SHIRLEY
 FITTING AND ADJUSTMENT OF HEARING A 08/11/2014 WESTERLIND, DEVON WILLIAM
 Dyspnea on exertion 786.09 02/25/2015 TANSIONGCO, SHIRLEY
 Benign essential hypertension I10. 12/02/2015 TANSIONGCO, SHIRLEY
 Gastroesophageal reflux disease K21 12/02/2015 TANSIONGCO, SHIRLEY
 Hyperlipidemia E78.0 12/02/2015 TANSIONGCO, SHIRLEY
 TIA Z86.73 12/02/2015 TANSIONGCO, SHIRLEY
 Hyperlipidemia E78.00 03/17/2017 TANSIONGCO, SHIRLEY
 Hypokalemia E87.6 09/21/2017 TANSIONGCO, SHIRLEY

Goals:

- ☐ pt is meeting goals
- ☒ pt is approaching goals
- ☐ pt has not met tx goal

=====

PLAN:

=====

To be discussed, reviewed, and verified by treatment team, including IDT and supervising psychiatrist.

1. Medications

- Continue cymbalta 30 mg QD
- Change Neurontin 300 mg BID

2. Supportive therapy and empathic listening were provided.

3. Discharge planning pending liason with SW.

- Follow-up Neuropsych testing

EDUCATION PROVIDED TO PATIENT AND/OR FAMILY MEMBER:

- ☒ The above target items were explained to the patient and/or family member
- ☒ Patient and/or family member verbalized understanding of these target items and instructions
- ☒ Treatment options and recommendations were discussed with the

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB: 03/06/1945

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Progress Notes

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patient and/or family member

[x] Benefits and risks of these recommendations were discussed with

patient and/or family member

[x] Benefits and risks of medications were discussed with patient and/or family member

[x] Patient and/or family member agreed with these options and recommendations

Patient may have a copy of this note upon completion of the required Consent to Release Medical Records form.

=====

JUSTIFICATION FOR CONTINUED HOSPITAL STAY:

=====

Veteran continues to require acute inpatient care due to the following symptoms:

Veteran continues to receive acute psychiatry level of services including:

Observation/evaluation

15 minute checks

Symptom-specific treatment plan developed by multidisciplinary team and (ALL):

Medication adjusted

Re-eval of plan effectiveness daily

/es/ MARTHA JO EDELMAN

Signed: 01/04/2019 19:43

LOCAL TITLE: PSYCHOLOGY - GENERAL NOTE

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: JAN 02, 2019@14:56 ENTRY DATE: JAN 02, 2019@14:56:22

AUTHOR: MANISCALCO, JAMES ST EXP COSIGNER: MORA, LOUIS E

URGENCY: STATUS: COMPLETED

Undersigned met with the Veteran today to commence neuropsychological testing. Plan is to complete testing later this week. Formal testing report to follow.

This case is discussed in ongoing, face-to-face supervision with the supervising psychologist, Dr. Mora. Co-signature indicates that the supervisor is in agreement with the care provided and the content of the note.

/es/ JAMES STEPHEN MANISCALCO

Psychology Intern

Signed: 01/02/2019 15:02

/es/ LOUIS E MORA

Psychologist

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

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Progress Notes

Printed On Jan 22, 2019

Coused: 01/03/2019 07:35

LOCAL TITLE: PSYCHIATRY - INPATIENTNOTE
 STANDARD TITLE: PSYCHIATRY INPATIENT NOTE
 DATE OF NOTE: DEC 31, 2018@13:50 ENTRY DATE: DEC 31, 2018@13:50:39
 AUTHOR: EDELMAN,MARTHA JO EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Psychiatry Inpatient Followup Note
 (45min)

ID: BESEDIN,ROBERT is a 73 y/o WHITE MALE,

=====

Subjective:

=====

Patient is gradually less intensely irritable, more goal directed, calmer. He is bordering on cooperative to a degree. He agrees to blood work (initial K 3.4, LFTs mildly inc) and wishes to cooperate with neuropsych testing that will likely commence on 1/2/19. He also has appt 9 am in derm for scalp condition. He is taking medication as prescribed

=====

MEDICATIONS:

=====

Active Inpatient Medications (excluding Supplies):

AMLODIPINE TAB 10MG PO DAILY hypertension Hold for BP,90/60	ACTIVE
ATORVASTATIN TAB 40MG PO QHS	ACTIVE
CHLORTHALIDONE TAB 25MG PO DAILY Hold for BP<90/60	ACTIVE
CYANOCOBALAMIN TAB 1000MCG PO DAILY low B12	ACTIVE
DULOXETINE CAP,EC 20MG PO DAILY	ACTIVE
GABAPENTIN CAP,ORAL 300MG PO TID for alcohol use, mood	ACTIVE
HYDROPHILIC OINTMENT OINT,TOP SMALL AMOUNT TOP BID apply to affected area, twice daily	ACTIVE
KETOCONAZOLE 2% SHAMPOO SMALL AMOUNT SCALP DAILY PRN to Scalp fungal	ACTIVE
LOSARTAN TAB 100MG PO DAILY HTN Hold for BP<90/60	ACTIVE
OMEPRazole CAP,EC 20MG PO SU-MO-TU-WE-TH-FR-SA@0600	ACTIVE
POTASSIUM CHLORIDE TAB,SA 40MEQ PO DAILY	ACTIVE
THIAMINE TAB 100MG PO DAILY alcohol use disorder	ACTIVE
TRAZODONE TAB 25MG PO QHS PRN for insomnia	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB:03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

Printed On Jan 22, 2019

=====
VITALS:

=====
Blood Pressure: 130/75 (12/31/2018 10:41)
Pulse: 67 (12/31/2018 10:41)
Respiration: 18 (12/31/2018 10:41)
Temperature: 99 F [37.2 C] (12/31/2018 10:41)
Weight: 237.1 lb [107.8 kg] (12/20/2018 20:17)
Height: 67 in [170.2 cm] (12/20/2018 20:17)
BMI: BODY MASS INDEX - 37.2 (DEC 20, 2018@20:17)

=====
MENTAL STATUS EXAM:

=====
APPEARANCE: clean
MOTOR ACTIVITY: no pmr/pma
ATTITUDE: cooperative
EYE CONTACT: appropriate
SPEECH: loud, mildly inc rate
FLOW OF THOUGHT: concrete
CONTENT OF THOUGHT: denies SI/HI, no ref to delusion
PERCEPTION: denies AH/VH
MOOD: "ok "
AFFECT: constricted stable irritable
COGNITION: intact
ORIENTATION: x 3
INSIGHT: fair
JUDGMENT: fair

=====
ASSESSMENT:

=====
Psychiatric Issues:
Mood Disorder: Unspecified depressive DO, Alcohol Use DO, R/O SIMD, Unspecified
Neurocog DO

Medical Issues/CPRS-documented problem list:
Active Problem

=====
PLAN:

=====
Plan: Pt discussed with interdisciplinary team and was seen and evaluated by

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
BESEDIN, ROBERT
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Progress Notes

Printed On Jan 22, 2019

this provider in person. Pt continues to require acute inpatient psychiatric admission based upon continued irritability, poor judgement and continued assessment of neurocog status ie neuropsych testing

1. Medications

Continue cymbalta 30 mg QD, neurontin 300 mg TID

2. Supportive therapy and empathic listening were provided.

3. Discharge planning pending liason with SW.

Neuro psych testing, labs, dern follow-up

Veteran continues to require acute inpatient care due to the following symptoms:

Profound functional impairment as evidenced by:

Change in mental status/confusion

Veteran continues to receive acute psychiatry level of services including:

Observation/evaluation

15 minute checks

Symptom-specific treatment plan developed by multidisciplinary team and

(ALL):

Systems increasing/uncontrolled

Re-eval of plan effectiveness daily

EDUCATION PROVIDED TO PATIENT AND/OR FAMILY MEMBER:

[x] The above target items were explained to the patient and/or family member

[x] Patient and/or family member verbalized understanding of these target items and instructions

[x] Treatment options and recommendations were discussed with the patient and/or family member

[x] Benefits and risks of these recommendations were discussed with patient and/or family member

[x] Benefits and risks of medications were discussed with patient and/or family member

[x] Patient and/or family member agreed with these options and recommendations

Patient may have a copy of this note upon completion of the required Consent to Release Medical Records form

/es/ MARTHA JO EDELMAN

Signed: 12/31/2018 14:27

LOCAL TITLE: PSYCHOLOGY GROUP THERAPY NOTE

STANDARD TITLE: PSYCHOLOGY GROUP COUNSELING NOTE

DATE OF NOTE: DEC 28, 2018@16:47

ENTRY DATE: DEC 28, 2018@16:47:56

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BAIDWIN, NEW YORK 11510

DOB:03/06/1945

VISTA Electronic Medical Documentation

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Progress Notes

Printed On Jan 22, 2019

AUTHOR: YENKO, IRA ANTHONY
URGENCY:EXP COSIGNER: MORA, LOUIS E
STATUS: COMPLETED

GROUP: Coping Skills Group
 DURATION: 60 min
 LOCATION: Unit 22
 NUMBER ATTENDEES: 9
 FACILITATOR: Ira Yenke, MA, Psychology Trainee

The group session focused on the experience of trauma, positive coping, and interpersonal challenges.

INTERVENTIONS: I provided support and empathy, and established rapport with group members. I discussed the impact of trauma, resilience, and difficulties that may arise as a result. Veterans shared their experience of trauma, and the benefit of social support.

INDIVIDUAL CONTENT: The Veteran appeared alert and was engaged with the group material. He appeared well related to members in the group and the facilitators. The Veteran's eye contact was good. His mood appeared slightly anxious, affect appeared restricted. Though he was generally a passive member of today's group, he was supportive of other group members.

DOCUMENTED DIAGNOSIS: Alcohol Use Disorder; Dementia, unspecified.

This case is discussed in ongoing, face-to-face supervision with the supervising psychologist, Dr. Mora. Co-signature indicates that the supervisor is in agreement with the care provided and the content of the note.

/es/ IRA ANTHONY YENKO
 PSYCHOLOGY TRAINEE
 Signed: 12/28/2018 16:48

/es/ LOUIS E MORA
 Psychologist
 Cosigned: 12/31/2018 07:43

LOCAL TITLE: PSYCHIATRY - INPATIENTNOTE
 STANDARD TITLE: PSYCHIATRY INPATIENT NOTE

DATE OF NOTE: DEC 28, 2018@13:03 ENTRY DATE: DEC 28, 2018@13:04:35
 AUTHOR: EDELMAN, MARTHA JO EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** PSYCHIATRY - INPATIENTNOTE Has ADDENDA ***

Veteran continues to require acute inpatient care due to the following symptoms:
 Profound functional impairment as evidenced by:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
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 DOB: 03/06/1945

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Besedin_0119

Progress Notes

Printed On Jan 22, 2019

Change in mental status/confusion
 Veteran continues to receive acute psychiatry level of services including:
 Observation/evaluation
 15 minute checks
 Psychiatric medication evaluation:
 Medication adjustment in past 48 hours and:
 Symptoms uncontrolled or increasing

Psychiatry Inpatient Followup Note
 (45min)

ID: BESEDIN, ROBERT is a 73 y/o WHITE MALE,

=====

Subjective:

=====

Patient is a 73 yo man brought to medical ER by wife for her report of worsening of alcohol use, aggressiveness, mood lability and impulsivity with sporadic mild confusion. On the unit, pt minimizes his alcohol use, denies his behavior at home to be in any way related to wife's claim (though during family mtg, bith parties were reportedly angry and irritable).

Patient retracted his request to be discharged (he is involuntarily admitted so there was no 72 hour letter), stating that he will cooperate with being here, with medication and with recommended neuropsych testing in order to guide treatment recommendations and discharge planning. Patient minimizes all concerns for alcohol use and level of functioning.

CT Head

Impression:

No evidence of acute intracranial hemorrhage, midline shift or mass effect. Generalized volume loss. Bilateral inferior frontotemporal cortical/subcortical areas of hypodensity may be related to prior trauma. Focal area of hypodensity in right posterior temporoparietal lobe may be related to chronic infarct. Patchy nonspecific periventricular and subcortical areas of hypodensity may be related to chronic ischemic changes/infarcts. Suggest clinical correlation and further evaluation with MRI of the brain as indicated.

Patient reported he cannot do MRI as he was told he has a metal in his right eye and would lose his vision.

MMSE scored 28/30

=====

MEDICATIONS:

=====

Active Inpatient Medications (excluding Supplies):

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB: 03/06/1945

VISTA Electronic Medical Documentation
 Printed at NORTHPORT VAMC

Besedin 0120

Progress Notes

Printed On Jan 22, 2019

AMLODIPINE TAB 10MG PO DAILY hypertension Hold for BP, 90/60	ACTIVE
ATORVASTATIN TAB 40MG PO QHS	ACTIVE
CHLORTHALIDONE TAB 25MG PO DAILY Hold for BP<90/60	ACTIVE
DOXYCYCLINE CAP/TAB 1 TABLET/CAPSULE PO BID	ACTIVE
DULOXETINE CAP, EC 20MG PO DAILY	ACTIVE
GABAPENTIN CAP, ORAL 300MG PO BID for alcohol use, mood	ACTIVE
HYDROPHILIC OINTMENT OINT, TOP SMALL AMOUNT TOP BID apply to affected area, twice daily	ACTIVE
KETOCONAZOLE 2% SHAMPOO SMALL AMOUNT SCALP BIW PRN to Scalp	ACTIVE
LOSARTAN TAB 100MG PO DAILY HTN Hold for BP<90/60	ACTIVE
OMEPRAZOLE CAP, EC 20MG PO SU-MO-TU-WE-TH-FR-SA@0600	ACTIVE
POTASSIUM CHLORIDE TAB, SA 40MEQ PO DAILY	ACTIVE
TRAZODONE TAB 25MG PO QHS PRN for insomnia	ACTIVE

VITALS:

Blood Pressure: 118/72
Pulse: 78
Respiration: 18
Temperature: 98.5 F

MENTAL STATUS EXAM:

APPEARANCE: 73 year old age appropriate, dressed appropriately, grooming improved, joking, then irritated
MOTOR ACTIVITY: no abnormal movements
ATTITUDE: irritable
EYE CONTACT: appropriate
SPEECH: normal rate, volume, loud
FLOW OF THOUGHT: linear, concrete
CONTENT OF THOUGHT: denies SI/HI, no ref to delusion
PERCEPTION: denies AH/VH
MOOD: "I'm not ok to be here"
AFFECT: less irritable, constricted then labile
COGNITION: intact
ORIENTATION: x 3
INSIGHT: poor
JUDGMENT: poor

ASSESSMENT:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

VISTA Electronic Medical Documentation
Printed at NORTHPORT VAMC

Besedin 0121

Progress Notes

Printed On Jan 22, 2019

Psychiatric Issues:
 alcohol use disorder severe
 Alcohol induced mood disorder
 R/o Neurocognitive disorder secondary to multiple etiology

Medical Issues/CPRS-documented problem list:
 Active Problem

=====
 PLAN:
 =====

Plan: Pt discussed with interdisciplinary team and was seen and evaluated by this provider in person. Pt continues to require acute inpatient psychiatric admission based upon continued:

Profound functional impairment as evidenced by:
 Unable to follow instructions/negotiate needs

Violence risk as evidenced by:
 Impulsive/agitated and unable to follow instructions or negotiate needs
 Veteran continues to receive acute psychiatry level of services including:
 Observation/evaluation
 15 minute checks

Symptom-specific treatment plan developed by multidisciplinary team and (ALL):

Systems increasing/uncontrolled
 15 minute checks/prn meds at least 1 time in 24 hours
 Re-eval of plan effectiveness daily

1. Medications

Medication adjustment in past 48 hours and:
 Symptoms uncontrolled or increasing
 Q15 observation and therapeutic milieu
 Gabapentin 300mg PO TID for mood, impulsivity and alcohol use
 Duloxetine 20mg PO daily
 Neuropsych testing

2. Supportive therapy and empathic listening were provided.

3. Discharge planning pending liason with SW.

EDUCATION PROVIDED TO PATIENT AND/OR FAMILY MEMBER:

[x] The above target items were explained to the patient and/or family member
 [x] Patient and/or family member verbalized understanding of these target items and instructions
 [x] Treatment options and recommendations were discussed with the patient and/or family member

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB: 03/06/1945

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Besedin_0122

Progress Notes

Printed On Jan 22, 2019

[x] Benefits and risks of these recommendations were discussed with patient and/or family member

[x] Benefits and risks of medications were discussed with patient and/or family member

[x] Patient and/or family member agreed with these options and recommendations

Patient may have a copy of this note upon completion of the required Consent to Release Medical Records form

/es/ MARTHA JO EDELMAN

Signed: 12/28/2018 13:17

12/28/2018 ADDENDUM

STATUS: COMPLETED

Lbs ordered for AM 12/31/18 to check Na, K, LFTS as pt taking Kdur daily as well as chlorthalidone, amlodipine and losartan with hx as well of alcohol use disorder

/es/ MARTHA JO EDELMAN

Signed: 12/28/2018 14:42

LOCAL TITLE: AUDIOLOGY OPEN CLINIC NOTE

STANDARD TITLE: AUDIOLOGY NOTE

DATE OF NOTE: DEC 27, 2018@09:45

ENTRY DATE: DEC 27, 2018@09:45:47

AUTHOR: VOLPI, BRIDGETTE M

EXP COSIGNER: O'HARA, KRISTEN MARIE

URGENCY:

STATUS: COMPLETED

*** AUDIOLOGY OPEN CLINIC NOTE Has ADDENDA ***

Veteran presents to the walk-in repair clinic with the following hearing aids:

09/11/14 STARKEY 3 SERIES I110 ITE L 0114351070* ZA13MF Expired Expired 632 NORTHPORT

Veteran filled out the written intake form reporting:

Left Aid: dead

Initial listening check: confirmed complaint

Visual Inspection revealed: occluded mic covers and missing VC

The following actions were performed during today's visit:

Left Aid: cleaned, battery, and mic covers replaced

Post repair listening check revealed:

Left Aid functioning but is missing the VC

Outcome:

Left Aid returned to Veteran. He declined to send HA for repair at this time.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

Printed at NORTHPORT VAMC

Progress Notes

Printed On Jan 22, 2019

Veteran was issued a Comfort Duett to his health care aid, Liz, who requested same stating it will help him with his treatment. She attended the appointment today with him. Veteran was advised to clean HAs daily and provided with cleaning brushes.

Recommendations:
Veteran to RTC as needed

/es/ BRIDGETTE M VOLPI
HEALTH TECHNICIAN
Signed: 12/27/2018 13:18

/es/ KRISTEN M. O'HARA, AuD, CCC-A
Doctor of Audiology
Cosigned: 12/27/2018 13:28

01/04/2019 ADDENDUM STATUS: COMPLETED
Repaired HA received and settings were verified. Unit 22 staff was notified and picked up the hearing aid.

/es/ DEVON WILLIAM WESTERLIND
HEALTH TECHNICIAN
Signed: 01/04/2019 15:20

/es/ SANDY MENJIVAR AuD F-AAA
DOCTOR OF AUDIOLOGY
Cosigned: 01/07/2019 13:18

LOCAL TITLE: PSYCHIATRY - INPATIENTNOTE
STANDARD TITLE: PSYCHIATRY INPATIENT NOTE
DATE OF NOTE: DEC 26, 2018@16:35 ENTRY DATE: DEC 26, 2018@16:35:38
AUTHOR: THOMAS, JYOTHI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Psychiatry Inpatient Followup Note
(45min)

ID: BESEDIN, ROBERT is a 73 y/o WHITE MALE,

=====

Subjective:

=====

73yr male BIB wife for worsening of alcohol use, aggressiveness, mood lability and impulsivity with sporadic mild confusion. He had been doing well on the unit except minimizes his alcohol use, behavior at home and wanted to be discharged. He denies feeling depressed or having any thoughts to hurt himself or others since admission. Family meeting was held today and wife reported he resides by himself in his house and manages his medication by himself. As per them his guns are removed. He refused any alcohol rehab. Explained to wife and son

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

VISTA Electronic Medical Documentation
Printed at NORTHPORT VAMC

Besedin 0124

Progress Notes

Printed On Jan 22, 2019

further inpatient stay is not warranted against his will ,as he had been doing well behaviorally on the unit and declining SUD treatment .He is also requesting for discharge . Will prepare for discharge with safe discharge plan in place . Advised to get Order of protection if they are concerned about their safety .CT head was done which shows

Impression:

No evidence of acute intracranial hemorrhage, midline shift or mass effect. Generalized volume loss. Bilateral inferior frontotemporal cortical/subcortical areas of hypodensity may be related to prior trauma. Focal area of hypodensity in right posterior temporoparietal lobe may be related to chronic infarct. Patchy nonspecific periventricular and subcortical areas of hypodensity may be related to chronic ischemic changes/infarcts. Suggest clinical correlation and further evaluation with MRI of the brain as indicated.

Patient reported he cannot do MRI as he was told he has a metal in his right eye andf he will loose his vision .

MMSE scored 28/30

Will consider neuropsych testing as outpatient and referral to neurology as outpatient

MEDICATIONS:

Active Inpatient Medications (excluding Supplies):

AMLODIPINE TAB 10MG PO DAILY hypertension Hold for BP, 90/60	ACTIVE
ATORVASTATIN TAB 40MG PO QHS	ACTIVE
CHLORTHALIDONE TAB 25MG PO DAILY Hold for BP<90/60	ACTIVE
DOXYCYCLINE CAP/TAB 1 TABLET/CAPSULE PO BID	ACTIVE
DULOXETINE CAP,EC 20MG PO DAILY	ACTIVE
GABAPENTIN CAP,ORAL 300MG PO BID for alcohol use, mood	ACTIVE
HYDROPHILIC OINTMENT OINT,TOP SMALL AMOUNT TOP BID apply to affected area, twice daily	ACTIVE
KETOCONAZOLE 2% SHAMPOO SMALL AMOUNT SCALP BIW PRN to Scalp	ACTIVE
LOSARTAN TAB 100MG PO DAILY HTN Hold for BP<90/60	ACTIVE
OMEPRAZOLE CAP,EC 20MG PO SU-MO-TU-WE-TH-FR-SA@0600	ACTIVE
POTASSIUM CHLORIDE TAB,SA 40MEQ PO DAILY	ACTIVE
TRAZODONE TAB 25MG PO QHS PRN for insomnia	ACTIVE

VITALS:

Blood Pressure: 119/79 (12/26/2018 11:00)
Pulse: 73 (12/26/2018 11:00)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
BESEDIN, ROBERT
2510 HARRISON AVE
RAIDWIN, NEW YORK 11510
DOB: 03/06/1945

VISTA Electronic Medical Documentation
Printed at NORTHPORT VAMC

Progress Notes

Printed On Jan 22, 2019

Respiration: 18 (12/26/2018 11:00)
 Temperature: 98.1 F [36.7 C] (12/26/2018 11:00)
 Weight: 237.1 lb [107.8 kg] (12/20/2018 20:17)
 Height: 67 in [170.2 cm] (12/20/2018 20:17)
 BMI: BODY MASS INDEX - 37.2 (DEC 20, 2018@20:17)

MENTAL STATUS EXAM:

APPEARANCE: 73 year old age appropriate, dressed appropriately, grooming improved, joking otherwise requesting to be discharged,
 MOTOR ACTIVITY: no abnormal movements
 ATTITUDE: irritable about not able to go home,
 EYE CONTACT: appropriate
 SPEECH: normal rate, volume,
 FLOW OF THOUGHT: linear
 CONTENT OF THOUGHT: no SI, no HI
 PERCEPTION: no AH, no VH, no delusions
 MOOD: " I don't know why I am here "
 AFFECT: less irritable
 COGNITION: intact
 ORIENTATION: x 3
 INSIGHT: poor
 JUDGMENT: poor

ASSESSMENT:

Psychiatric Issues:
 alcohol use disorder sev
 Alcohol induced mood disorder
 R/o Neurocognitive disorder secondary to multiple etiology

Medical Issues/CPRS-documented problem list:
 Active Problem

PLAN:

Plan: Pt discussed with interdisciplinary team and was seen and evaluated by this provider in person. Pt continues to require acute inpatient psychiatric admission based upon continued:
 Veteran continues to require acute inpatient care due to the following symptoms:
 Profound functional impairment as evidenced by:
 Unable to follow instructions/negotiate needs

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB: 03/06/1945

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Progress Notes

Printed On Jan 22, 2019

Violence risk as evidenced by:

Impulsive/agitated and unable to follow instructions or negotiate needs
 Veteran continues to receive acute psychiatry level of services including:

Observation/evaluation

15 minute checks

Symptom-specific treatment plan developed by multidisciplinary team and
 (ALL):

Systems increasing/uncontrolled

15 minute checks/prn meds at least 1 time in 24 hours

Re-eval of plan effectiveness daily

1. Medications

Q15 observation and therapeutic milieu

Gabapentin 300mg PO BID for mood, impulsivity and alcohol use

Duloxetine 20mg PO daily

Will consider neuropsych testing as outpatient and referral to neurology as outpatient

2. Supportive therapy and empathic listening were provided.

3. Discharge planning pending liaison with SW.

EDUCATION PROVIDED TO PATIENT AND/OR FAMILY MEMBER:

[x] The above target items were explained to the patient and/or family member
 [x] Patient and/or family member verbalized understanding of these target items and instructions

[x] Treatment options and recommendations were discussed with the patient and/or family member

[x] Benefits and risks of these recommendations were discussed with patient and/or family member

[x] Benefits and risks of medications were discussed with patient and/or family member

[x] Patient and/or family member agreed with these options and recommendations

Patient may have a copy of this note upon completion of the required Consent to Release Medical Records form

/es/ JYOTHI THOMAS, M.D.

Psychiatrist

Signed: 12/26/2018 16:51

Receipt Acknowledged By:

12/27/2018 19:15

/es/ MARTHA JO EDELMAN

LOCAL TITLE: PSYCHIATRY - INPATIENTNOTE

STANDARD TITLE: PSYCHIATRY INPATIENT NOTE

DATE OF NOTE: DEC 24, 2018@16:43

ENTRY DATE: DEC 24, 2018@16:43:15

AUTHOR: THOMAS, JYOTHI

EXP COSIGNER:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

Printed at NORTHPORT VAMC

Besedin 0127

Progress Notes

Printed On Jan 22, 2019

URGENCY:

STATUS: COMPLETED

Psychiatry Inpatient Followup Note
(45min)

ID: BESEDIN, ROBERT is a 73 y/o WHITE MALE,

=====

Subjective:

=====

73yr male BIB wife for worsening of alcohol use, aggressiveness, mood lability and impulsivity with sporadic mild confusion. Since admission he been demanding for discharge stating he does not know why he is locked up. Spoke to wife and daughter with patient's verbal consent. As per wife he had the TBI in 20134 and for the last 2 years he had been drinking a lot, driving drunk, getting more aggressive, belligerent with family, not showering and had been hoarding things. Family meeting is arranged for Wednesday at 10am. He denied feeling depressed or having any thoughts to hurt himself but remains impulsive and unpredictable. Family also reports memory defecits over the years

=====

MEDICATIONS:

=====

Active Inpatient Medications (excluding Supplies):

AMLODIPINE TAB 10MG PO DAILY hypertension Hold for BP, 90/60	ACTIVE
ATORVASTATIN TAB 40MG PO QHS	ACTIVE
CHLORTHALIDONE TAB 25MG PO DAILY Hold for BP<90/60	ACTIVE
DOXYCYCLINE CAP/TAB 1 TABLET/CAPSULE PO BID	ACTIVE
DULOXETINE CAP, EC 20MG PO DAILY	ACTIVE
GABAPENTIN CAP, ORAL 300MG PO BID for alcohol use, mood	ACTIVE
HYDROPHILIC OINTMENT OINT, TOP SMALL AMOUNT TOP BID apply to affected area, twice daily	ACTIVE
KETOCONAZOLE 2% SHAMPOO SMALL AMOUNT SCALP BIW PRN to Scalp	ACTIVE
LORAZEPAM TAB 1MG PO DAILY PRN for alcohol withdrwal (Tachycardia>100, SBP>140, anxiety, agitation, tremors	ACTIVE
LOSARTAN TAB 100MG PO DAILY HTN Hold for BP<90/60	ACTIVE
OMEPRAZOLE CAP, EC 20MG PO DAILY	ACTIVE
POTASSIUM CHLORIDE TAB, SA 40MEQ PO DAILY	ACTIVE

=====

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

VISTA Electronic Medical Documentation
Printed at NORTHPORT VAMC

Progress Notes

Printed On Jan 22, 2019

VITALS:

=====
Blood Pressure: 113/73 (12/24/2018 09:58)
Pulse: 87 (12/24/2018 09:58)
Respiration: 18 (12/24/2018 09:58)
Temperature: 98.4 F [36.9 C] (12/24/2018 09:58)
Weight: 237.1 lb [107.8 kg] (12/20/2018 20:17)
Height: 67 in [170.2 cm] (12/20/2018 20:17)
BMI: BODY MASS INDEX - 37.2 (DEC 20, 2018@20:17)

MENTAL STATUS EXAM:

=====
APPEARANCE: 73 year old age appropriate, dressed appropriate, grooming poor,
MOTOR ACTIVITY: no abnormal movements
ATTITUDE: impulsive, irritable,
EYE CONTACT: appropriate
SPEECH: normal rate, volume,
FLOW OF THOUGHT: linear
CONTENT OF THOUGHT: no SI, no HI
PERCEPTION: no AH, no VH, no delusions
MOOD: " I don't know why I am here "
AFFECT: angry, irritable
COGNITION: intact
ORIENTATION: x 3
INSIGHT: poor
JUDGMENT: poor

ASSESSMENT:

=====
Psychiatric Issues:
alcohol use disorder sev
Alcohol induced mood disorder

Medical Issues/CPRS-documented problem list:
Active Problem

PLAN:

=====
Plan: Pt discussed with interdisciplinary team and was seen and evaluated by
this provider in person. Pt continues to require acute inpatient psychiatric
admission based upon continued:
Veteran continues to require acute inpatient care due to the following
symptoms:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

VISTA Electronic Medical Documentation
Printed at NORTHPORT VAMC

Progress Notes

Printed On Jan 22, 2019

Profound functional impairment as evidenced by:

Unable to follow instructions/negotiate needs

Other:

Comment: reportedly getting more aggressive at home , excessive drinking

Violence risk as evidenced by:

Impulsive/agitated and unable to follow instructions or negotiate needs

Veteran continues to receive acute psychiatry level of services including:

Observation/evaluation

15 minute checks

Psychiatric medication evaluation:

Medication initiated in past 48 hours

Medication adjustment in past 48 hours and:

Symptoms uncontrolled or increasing

Symptom-specific treatment plan developed by multidisciplinary team and (ALL):

Systems increasing/uncontrolled

15 minute checks/prn meds at least 1 time in 24 hours

Re-eval of plan effectiveness daily

1. Medications

Q15 observation and therapeutic mileau

Gabapentin 300mg PO BID for mood, impulsivity and alcohol use

Safe Alcohol detox will weaning him off Ativan PRN

Duloxetine 20mg PO daily

Will consider neuropsych testing and CT head if indicated

2. Supportive therapy and empathic listening were provided.

3. Discharge planning pending liason with SW.

Family meeting is arranged for Wednesday at 10am

EDUCATION PROVIDED TO PATIENT AND/OR FAMILY MEMBER:

[x] The above target items were explained to the patient and/or family member

[x] Patient and/or family member verbalized understanding of these target items and instructions

[x] Treatment options and recommendations were discussed with the patient and/or family member

[x] Benefits and risks of these recommendations were discussed with patient and/or family member

[x] Benefits and risks of medications were discussed with patient and/or family member

[x] Patient and/or family member agreed with these options and recommendations

Patient may have a copy of this note upon completion of the required Consent to Release Medical Records form

/es/ JYOTHI THOMAS, M.D.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB: 03/06/1945

VISTA Electronic Medical Documentation

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Besedin 0130

Progress Notes

Printed On Jan 22, 2019

Psychiatrist
Signed: 12/24/2018 16:58

LOCAL TITLE: PSYCHIATRY-CBA PART VII (RECREATION)
STANDARD TITLE: RECREATIONAL THERAPY NOTE
DATE OF NOTE: DEC 22, 2018@16:39 ENTRY DATE: DEC 22, 2018@16:39:56
AUTHOR: GUERCIO, HOLLY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Recreation Therapy Leisure Assessment

From Psychiatry admission assessment:

1. Chief Complaint or Presenting Circumstances:

BIB wife due to increasing alcohol use, aggressive and impulsive behavior.

2. History of Present Illness: (Narrative leading up to current presentation)

73yo male BIB wife for worsening of alcohol use, aggressiveness, mood lability and impulsivity and sporadic mild confusion. No history of previous psychiatric admissions. Veteran denies any history of aggression and impulsivity and does not believe he has a problem with alcohol. States that he drinks a bottle of whiskey over 2 months, usually a shot a day, and a beer. Family states he has been drinking heavily every day for years and has recently increased. He states that his last drink was on Monday. Denies any history of DTs, seizures, or auditory/visual hallucinations. He denies any feelings of depression but endorses financial stress of problems with his business. States that it is "falling apart". States that he is frustrated that he is here and doesn't understand why he is on the floor. Denies any suicidal ideation, however, his wife states that she believes he is a danger to himself and others. Minimized alcohol. He states he has access to guns which he uses for hunting. Veteran also has a history of a TBI from a MVA in 2004.

-----END OF EXCERPT-----

A. DSM V diagnosis:

Alcohol Use Disorder, Moderate-Severe - Alcohol dependence, uncomplicated (ICD-10-CM F10.20) (Primary)
Alcohol Use Disorder, Moderate-Severe w/ Withdrawal - Alcohol dependence with withdrawal, uncomplicated (ICD-10-CM F10.230)
Alcohol-Induced Depressive & Related Disorder w/ Moderate-Severe Use Disorder - Alcohol dependence with alcohol-induced mood disorder (ICD-10-CM F10.24)

A. Leisure Lifestyle

1. Past leisure participation: "I just want to get out of here.. I don't want to be here"

Other comments:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

VISTA Electronic Medical Documentation
Printed at NORTHPORT VAMC

Progress Notes

Printed On Jan 22, 2019

2. Current leisure interests: "I work with my hands on cars, spend time with my wife, watch movies...I was brought here by my wife under false pretenses..I've got a business to run."

Other comments:

3. Current level of leisure involvement: Sedentary

4. Understanding of leisure and its importance: No

5. Knowledge of available leisure resources: No

B. Support Network

1. Transportation: Independent

2. Availability of funds for leisure: Adequate - owns business

3. Stability within the community: "kiwanis"

4. Other: "my wife is the best person I've met"

C. Barriers to Independent leisure pursuits: "I'm like an animal in the zoo"

D. Intervention required by Recreation Therapy staff:

Recreation Therapy to address: social needs, emotional needs, physical needs

Goal: "to get out"

**Veteran is hard of hearing, frustrated that "no one will tell him anything", and is only able to focus on "getting out of here".

Objective(s): Pt will interact appropriately during all groups., Pt will share feelings and/or concerns., Pt will share how they cope with daily stressors., Pt will identify positive and/or negative symptoms they are experiencing., Pt will focus on group task and/or completing assigned task., Pt will verbalize their thoughts.

Methods:

Relaxation Group 1x's per wk for 45 minutes.

Music Group 1x's per wk for 45 minutes.

Animal Assisted Therapy 1x's per wk for 30 minutes.

Discussion Group 1x's per wk for 45 minutes.

Leisure Skills Group 1x's per wk for 45 minutes.

VSO Socials where applicable

14 Day Re-assessment:

Patient Education:

PATIENT EDUCATION

Miscellaneous Educational Topic

Level of Understanding: Fair

Topic discussed: Past and Present leisure interests

Teaching Method:

One-on one instruction

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

2510 HARRISON AVE

BALDWIN, NEW YORK 11510

DOB:03/06/1945

VISTA Electronic Medical Documentation

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Besedin_0132

Progress Notes

Printed On Jan 22, 2019

/es/ Holly K. Guercio, CTRS
RECREATION THERAPIST
Signed: 12/22/2018 19:04

LOCAL TITLE: NUTRITION INPATIENT ASSESSMENT
STANDARD TITLE: NUTRITION INPATIENT NOTE
DATE OF NOTE: DEC 21, 2018@14:58 ENTRY DATE: DEC 21, 2018@14:59:01
AUTHOR: MAHER, MICHAEL R EXP COSIGNER: HIGNELL, GEORGINA
URGENCY: STATUS: COMPLETED

Nutrition Assessment:

Admission Date: DEC 20, 2018 Admission Dx: Mood d/o

Diet Order:	Item Ordered	Start Date	Status
	REGULAR	DEC 20, 2018@18:20	ACTIVE

Patient age/sex: 73 MALE
Patient Height: 67 in [170.2 cm] (12/20/2018 20:17)
Patient Weight: 237.1 lb [107.8 kg] (12/20/2018 20:17)
BODY MASS INDEX - 37.2 (DEC 20, 2018@20:17)
Percent amputation: 0%
Usual Body Weight: 242 lbs (4/4/18).
%Usual Body Weight: 97.9%
Ideal Body Weight: 66.4-78 kg
%Ideal Body Weight: 138%

Adm: Mr. Besedin is a 73 y/o male who was bib wife and son for worsening aggressive and impulsive behaviors for the past 4 weeks. Family reports pt drinks beer and whiskey all day for the past few years, but have noticed his behaviors worsening, with mild confusion at times.

PMH: HTN, GERD, HLD, TIA, Hypokalemia.

Recent weight changes: The patient has lost 7.7% of his body weight (20 lbs) in the last "few months" (stated). The patient reported that his caloric intake has decreased because his wife is not living with him at this time (she typically cooked for him).

Diet recall: The patient reports that he has been eating 2x/day with alcohol intake. The patient reported he only drinks "1 beer per day", however his admission note (ER-psychiatry note on 12/20) specified that the patient typically "drinks beer and whiskey all day". The patient eats breakfast and dinner typically, specifying "Hard boiled eggs, egg salads, coffee or sandwiches" for breakfast and "Soup, beef, potatoes, stew, pasta" for dinner.

CHEM 7; SERUM

Coll. Date:	12/20/18 14:20	10/01/18 10:57		
Test Name	Result	Result	Units	Range

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB: 03/06/1945

VISTA Electronic Medical Documentation
Printed at NORTHPORT VAMC

Besedin 0133

Progress Notes

Printed On Jan 22, 2019

GLUCOSE	89	113 H	mg/dL	70	- 99
UREA NITROGEN	20	21 H	mg/dL	8	- 20
CREATININE	1.3	1.3	mg/dL	0.6	- 1.3
SODIUM	135 L	139	mmol/L	136	- 145
POTASSIUM	3.4 L	3.4 L	mmol/L	3.5	- 5.0
CHLORIDE	92 L	93 L	mmol/L	101	- 111
CO2	31	35 H	mmol/L	22	- 32
CALCIUM	10.1	10.5 H	mg/dL	8.9	- 10.3
ANION GAP	12.0	11.0	meq/L	6	- 12
Estimated GFR	54.1 L	54.1 L	ml/min	60	- 140

Interpretation for Estimated GFR: eGFR is measured in the following units:
ml/min/1.73 m²

CHOLESTEROL; SERUM

Coll. Date:	10/01/18 10:57	04/04/18 13:22		
Test Name	Result	Result	Units	Range
CHOLESTEROL	159	228 H	mg/dL	- 199

HDL; SERUM

Coll. Date:	10/01/18 10:57	04/04/18 13:22		
Test Name	Result	Result	Units	Range
HDL	41	59	mg/dL	40 - 60

TRIGS; SERUM

Coll. Date:	10/01/18 10:57	04/04/18 13:22		
Test Name	Result	Result	Units	Range
TRIGLYCERIDE	295 H	121	mg/dL	10 - 170

Appetite: fair

Taste Changes: NO

Dentition: The patient has all of his own teeth.

Chewing problems: NO

Swallowing Problems: NO

Feeding Assistance Required: independent

Nausea NO

Vomiting NO

Diarrhea NO

Constipation NO

Frequency of BM: 1x/day

Do you have pain that interferes with your ability to eat, drink,
or bowel movements? NO

Food Security Screening: Mild risk

Describe: The patient expressed interest in information regarding food pantry's
and soup kitchens in his zip code. Information was provided.

Eating habits or behaviors screening:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT
2510 HARRISON AVE
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(One point for every yes answer):

Do you ever make yourself sick because you feel uncomfortably full? - No
 Do you worry you have lost control over how much you eat? - No
 Have you recently lost more than 10 lb in a 3-month period? - No
 Do you believe yourself to be fat when others say you are too thin? - No
 Would you say that food dominates your life? - No

Total score: 0

*One point for every yes; a score of > 2 indicates a likely case of anorexia nervosa or bulimia Mental Health referral recommended.

Food preferences: The patient had no preferences to report at this time.

Food allergies/intolerance: NO

Pertinent Medications: Atorvastatin.

Active Inpatient Medications (excluding Supplies):

Active Inpatient Medications	Status
1) AMLODIPINE TAB 10MG PO DAILY hypertension Hold for BP, 90/60	ACTIVE
2) ATORVASTATIN TAB 40MG PO QHS	ACTIVE
3) CHLORTHALIDONE TAB 25MG PO DAILY Hold for BP<90/60	ACTIVE
4) DOXYCYCLINE CAP/TAB 1 TABLET/CAPSULE PO BID	ACTIVE
5) GABAPENTIN CAP, ORAL 100MG PO BID for alcohol use, mood	ACTIVE
6) LORAZEPAM TAB 1MG PO Q8H PRN for alcohol withdrawal (Tachycardia>100, SBP>140, anxiety, agitation, tremors	ACTIVE
7) LOSARTAN TAB 100MG PO DAILY HTN Hold for BP<90/60	ACTIVE
8) OMEPRAZOLE CAP, EC 20MG PO DAILY	ACTIVE
9) POTASSIUM CHLORIDE TAB, SA 40MEQ PO DAILY	ACTIVE

Pending Inpatient Medications	Status
1) HYDROPHILIC OINTMENT OINT, TOP SMALL AMOUNT TOP BID	PENDING

10 Total Medications

OTC herbal/vitamin/mineral supplement: Denied

Drug/nutrient interactions:

Cholesterol lowering: low TFA/SFA diet; avoid grapefruit products

Skin integrity: intact

Edema: NO

Estimated Energy Needs: 1,950-2,340 kcal/day based on 25-30 kcal/kg/IBW

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Estimated Protein Needs: 86 g/day based on 0.8 g/kg/ABW
Estimated Fluid Needs: 2,695-3,234 ml/day based on 25-30 ml/kg/ABW

Nutrition Diagnosis: Decreased nutrient utilization r/t cardiovascular status as evidenced by PMH of TIA, HTN & HLD.

Intervention:

1.) Diet changed to: Coronary
secondary to: Cardiovascular status and Cholesterol lowering meds.

2.) LEARNING NEEDS ASSESSMENT

Learning Needs Assessment-Person who was assessed and/or taught.

...Patient

Readiness to Learn (Check if individual ready to learn):

...Patient is ready to learn.

Preferred Method(s) of Learning:

...Listening

***** EDUCATION: *****

...Received Nutrition and Diet Education

Topic/Comment: Heart healthy nutrition

Level of Understanding: Good

Teaching Method:

One-on one instruction

Patient is willing to implement recommendations: Yes

3.) Food preferences taken, but none reported at this time.

4.) Food security information was provided.

Monitor:

Monitor food and beverage intake/tolerance

Monitor Nutrition Labs

Monitor changes in weight

Evaluation/Goals:

Food and beverage intake greater than 75% of meals provided

Promote weight loss (1-2 lbs/month)

Improve Nutrition labs: HLD, LDL, TRIG

Good tolerance to meals with no episode of choking, N/V/D/C

Adherence with diet order

/es/ MICHAEL R MAHER

Clinical Dietetic Technician

Signed: 12/21/2018 15:26

/es/ GEORGINA HIGNELL, RD

Clinical Dietitian

Cosigned: 12/21/2018 15:43

LOCAL TITLE: PSYCHIATRY - INPATIENT SUICIDE PREVENTION SCREEN
STANDARD TITLE: SUICIDE PREVENTION NOTE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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DOB: 03/06/1945

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DATE OF NOTE: DEC 21, 2018@11:40 ENTRY DATE: DEC 21, 2018@11:40:32
 AUTHOR: GORMEZANO, ELIZABETH EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Veterans medical record has been reviewed by the Suicide Prevention Team for identification of current or history of suicide risk.

Check yes or no for each of the following:

Admitting Suicide Risk Assessment completed?: Yes

Suicide Risk Note present on cover sheet?: No

Patient Record Flag current or prior?: No

Admission Assessment mention history of suicide attempt or ideation?: No

Remote data review indicate prior suicide risk?: No

increased mood lability, anger and unpredictable behavior

ETOH use

wife feels Vet presents a danger to self/others

The patient is identified as increased baseline suicide risk and will require an updated Suicide Risk Assessment and Suicide Safety Plan to be completed prior to discharge.

/es/ ELIZABETH C GORMEZANO

ELIGOR

Signed: 12/21/2018 11:41

Receipt Acknowledged By:

12/21/2018 17:48 /es/ MARTHA JO EDELMAN

12/21/2018 12:01 /es/ JYOTHI THOMAS, M.D.
 Psychiatrist

LOCAL TITLE: PSYCHIATRY - ADMISSION ASSESSMENT
 STANDARD TITLE: PSYCHIATRY ADMISSION EVALUATION NOTE
 DATE OF NOTE: DEC 21, 2018@11:35 ENTRY DATE: DEC 21, 2018@11:36:17
 AUTHOR: THOMAS, JYOTHI EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** PSYCHIATRY - ADMISSION ASSESSMENT Has ADDENDA ***

Admitting Clinician: Dr. Thomas
 Date of Admission: Dec 21, 2018
 Legal Status on Admission: INVOLUNTARY
 Admit to: UNIT 22

I. PATIENT IDENTIFICATION DATA

Current Address:
 ROBERT BESEDIN
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Emergency Contact:

Primary NOK: BESEDIN, JUDITH
2510 HARRISON AVE
BALDWIN, NEW YORK 11510

Relation: SPOUSE
Phone: (516) 353-7485

Ethnicity:

White, non-hispanic

Alerts:

History of Violence/Assaultiveness within past 6 months: Yes

If yes, specify: As per ER records wife stated that he has been increasingly aggressive and threatening toward family members and drinking more. Will discuss with wife

Involuntary Commitment: Yes

Language Barrier: No

Is there Self Directed Violence at present visit or within preceeding 24 hours: No

Denies suicidal ideation/behaviors in past 6 months

Is there evidence of violence to others within the past 6 months

(includes threats of/or actual commission of violence towards others):

If yes, specify: Wife states that he has been more aggressive toward her, but denies physical violence

Risk factors for death by suicide within the past 6 months (check all that apply):

Barriers to accessing mental health treatment

Easy access to lethal means (GUNS, weapons, etc.)

Feelings of hopelessness; impulsive and/or aggressive tendencies

History of alcohol and substance abuse

Unwillingness to seek help because of stigma attached to mental health disorders

Protective factors against death by suicide within the past 6 months

(check all that apply):

Interpersonal relationships and supports (i.e., family, friends, peers, community)

II. PSYCHIATRIC STATUS AND HISTORY

Date of Interview: Dec 21, 2018

A. Identifying Information:

BESEDIN, ROBERT is a 73 y/o WHITE MALE

B. 1. Chief Complaint or Presenting Circumstances:

BIB wife due to increasing alcohol use, aggressive and impulsive behavior.

2. History of Present Illness: (Narrative leading up to current presentation)

73yo male BIB wife for worsening of alcohol use, aggressiveness, mood lability and impulsivity and sporadic mild confusion. No history of previous psychiatric admissions. Veteran denies any history of aggression and impulsivity and does not believe he has a problem with alcohol. States that he drinks a bottle of whiskey over 2 months, usually a shot a day, and a beer. Family states he has been drinking

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heavily every day for years and has recently increased. He states that his last drink was on Monday. Denies any history of DTs, seizures, or auditory/visual hallucinations. He denies any feelings of depression but endorses financial stress of problems with his business. States that it is "falling apart". States that he is frustrated that he is here and doesn't understand why he is on the floor. Denies any suicidal ideation, however, his wife states that she believes he is a danger to himself and others. Minimized alcohol. He states he has access to guns which he uses for

hunting. Veteran also has a history of a TBI from a MVA in 2004.

C. History of Mood and Psychosis:

Has the patient had a significant period (that was not limited to drug or alcohol intoxication or withdrawal) suggesting:

1. Persistent depressed/dysphoric mood
No
2. Persistent euphoric/irritable, elevated
No
3. Psychosis: No

4. Panic attacks: No
5. Phobias (specify): No
6. Obsessions/compulsions (specify): No
7. Persistent worry/tension: Past 30 days
8. Cognitive problems (specify): No

D. History of Psychological Trauma:

1. Physical abuse: No
2. Sexual abuse: No
3. Emotional abuse: no
4. Victimization (disaster, crime victim, other: No
5. Combat experience: no
6. Witnessing others being harmed: no
7. Significant injury or life-threatening disease: No
8. Significant psycho-social loss
(bankruptcy, divorce, etc.): Yes
9. Neglect: No
10. Exploitation: No

Yes: Financial issues and wife's surgery

E. History of Substance Use:

2. Alcohol Abuse within past 12 months: Yes
If yes, specify:

Type: Whiskey and beer

Amount: Shot and a beer (Family says more)

Frequency of use: Daily

Any problems/legal problems due to past use: Arrested 1 year ago and spent a week in

Age of first consumption: unknown

Last used on: Monday

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3. Substance Abuse within past 12 months: No
4. Substance Use Treatment

History of completed detox programs:
None

III. MENTAL STATUS EXAMINATION:

MENTAL STATUS:

Appearance and behavior
Pleasant, cooperative on initial evaluation but was demanding for discharge, appear angry impulsive

Speech

Within normal limits

Thought content

No suicidal note homicidal ideation, thought process is linear and goal directed

Orientation

Oriented X4

Suicidal ideations/homicidal ideations

None

Mood/affect

"I am not depressed"/ labile

LIST A MINIMUM OF 2 PATIENT STRENGTHS:

Assessment of patient optimism that change can occur,
Interpersonal relationships and supports, Access to housing/residential stability, Financial stability,

IV. PSYCHIATRIC ASSESSMENT AND PLAN

A. DSM V diagnosis:

alcohol use disorder sev

Alcohol induced mood disorder

Q15 observation and therapeutic mileau

Gabapentin 100mg PO BID for mood, impulsivity and alcohol use

Safe Alcohol detox will change Ativan to PRN

B. Justification for acute inpatient hospitalization

Imminent danger to self, Imminent danger to others as per wife. Will continue to monitor and get collateral information from family

V. MEDICAL EVALUATION:

C. Physical Exam:

VITALS SIGNS:

Blood Pressure: 122/76 (12/21/2018 10:20)

Pulse: 76 (12/21/2018 10:20)

Respiration: 18 (12/21/2018 10:20)

Temperature: 98.2 F [36.8 C] (12/21/2018 10:20)

Weight: 237.1 lb [107.8 kg] (12/20/2018 20:17)

Height: 67 in [170.2 cm] (12/20/2018 20:17)

BMI: BODY MASS INDEX - 37.2 (DEC 20, 2018@20:17)

/es/ JYOTHI THOMAS, M.D.

Psychiatrist

Signed: 12/21/2018 13:58

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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12/21/2018 ADDENDUM

STATUS: COMPLETED

Alerts:

History of Violence/Assaultiveness within past 6 months: No
 History of Violence/Assaultiveness within Lifetime: No
 Involuntary Commitment: Yes
 Seizures: No
 Fall Risk: No
 Allergies: No
 Dysphagia: No
 Language Barrier: No
 Skin Risk: No
 Advance Directive: No
 Copy on File: No
 Needed: No

/es/ JYOTHI THOMAS, M.D.
 Psychiatrist
 Signed: 12/21/2018 15:29

LOCAL TITLE: SW - MENTAL HEALTH PSYCHOSOCIAL ASSESSMENT

STANDARD TITLE: SOCIAL WORK NOTE

DATE OF NOTE: DEC 21, 2018@10:00

ENTRY DATE: DEC 21, 2018@18:32:47

AUTHOR: MCGEE, KELSEY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** SW - MENTAL HEALTH PSYCHOSOCIAL ASSESSMENT Has ADDENDA ***

Presenting Problem/Symptoms:

SW met with 73 yo, Caucasian, Male, Domiciled, Married, NSC, veteran, to assess psychosocial needs, alongside IDT. Veteran, presented alert and oriented x3, poorly groomed, hands full of soot, often sarcastic, demonstrates poor insight, neutral mood and congruent affect.

AS per ER psychiatry note dating 12/20/18: was bib wife and son for worsening aggressive and impulsive behaviors for the past 4 weeks. Family reports pt drinks beer and whiskey all day for the past few years, but have noticed his behaviors worsening, with mild confusion at times. Pt seen, AOA x 3, denies above hx, and admits to depression secondary to financial issues, as he still works as a mechanic. Pt denies si/hi, however collateral from family indicates pt has hx of TBI from MVA in 2004, and exhibits periods of mood lability symptoms, difficult to re-direct. wife feels pt is a danger to self and others, and signed 2PC form.

Veteran reported he presented to ER, with financial concerns, and denies any current or hxo Mental health concerns. Veteran reported his wife lied and made him come in here. Veteran denies hxo psychiatric treatment in the past. Veteran denies depressed mood, however does admit to much stress, due to failing business, inability to fix oil burner at home, and wife staying at their daughters since her hip surgery. Veteran denies hxo substance abuse, and

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reports to only drink 1 can of beer, or a small bottle of whiskey over course of 60 days. Veteran denies symptoms of withdrawal. Veteran denies memory problems. Veteran reported he was assaulted by police officers about 1.5 yr ago, and found this a traumatic experience. AS per Veteran, he butt-dialed 911, they came to the home and as he was showing them out the house he was unexpectedly slammed to the ground and hit his head. Veteran reported he was charged with felonies for assault of cops, however after Supreme court, and 1 week in jail, all charges were dropped.

Veteran currently resides in private home, alone. Veteran reported his wife had hip surgery and has been staying at their daughters, due to difficulty with stairs at their own home. Veteran reported he is father of adult daughter and son. Veteran owns car mechanic shop. Reports financial distress.

Discharge planning discussed:

Veteran adamantly requesting discharge, and does not have understanding for purpose of admission. Veteran gave verbal consent to contact wife, (P) 516-353-7485).

** SECTION I: CURRENT SOCIAL STATUS **

Describe your current living environment:

private home, oil burner broken so heat is not working.

Describe your current financial situation:

Monthly Income: \$ Business owner monthly amt unknown

Source of Income:

Other:

Do you have a fiduciary?: NO

Name:

Contact information:

Do you have a guardian? NO

Name:

Contact information:

Do you have any financial dependents?: yes, wife

Are you service connected?: NO

SERVICE CONNECTED % - NONE FOUND

Who do you rely on for support?:

wife

What resources have you accessed for assistance?:

NONE

What are your leisure/recreational activities of choice?:

Not reported

What are your hobbies?:

not reported

Would you like to speak with a Recreation Therapist?: NO

Who will be involved in your treatment or treatment plan?:

Wife, IDT

Do you have any apprehension to attending treatment?: yes

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Do you have adequate means of transportation?: NO

Do you have any physical limitations?: NO

Active Problems: Active Problem

Impacted cerumen * (ICD-9-CM 380.4) 11/21/2011 TANSIONGCO, SHIRLEY

Hypertension * (ICD-9-CM 401.9) 401 11/21/2011 TANSIONGCO, SHIRLEY

Gastroesophageal Reflux Disorder * 11/21/2011 TANSIONGCO, SHIRLEY

Hearing loss * (ICD-9-CM 389.9) 389 11/21/2011 TANSIONGCO, SHIRLEY

Hyperlipidemia 272.4 04/20/2012 TANSIONGCO, SHIRLEY

H/O: TIA (SNOMED CT 161511000) V12. 06/24/2014 TANSIONGCO, SHIRLEY

FITTING AND ADJUSTMENT OF HEARING A 08/11/2014 WESTERLIND, DEVON WILLIAM

Dyspnea on exertion 786.09 02/25/2015 TANSIONGCO, SHIRLEY

Benign essential hypertension I10. 12/02/2015 TANSIONGCO, SHIRLEY

Gastroesophageal reflux disease K21 12/02/2015 TANSIONGCO, SHIRLEY

Hyperlipidemia E78.0 12/02/2015 TANSIONGCO, SHIRLEY

TIA Z86.73 12/02/2015 TANSIONGCO, SHIRLEY

Hyperlipidemia E78.00 03/17/2017 TANSIONGCO, SHIRLEY

Hypokalemia E87.6 09/21/2017 TANSIONGCO, SHIRLEY

Have you completed an Advance Directive?: NO

If not, would you like to?: no

place consult

Have you completed a Mental Health Advance Directive?: NO

If not, would you like to?: no

place consult

Do you have a Healthcare Proxy?: NO

If yes, Name:

Contact Info:

Have you completed an Organ Donation?: NO

If not, would you like to?: no

Veteran educated to the fact that this is completed, not through SW, but through the NYS.

** SECTION II: FAMILY HISTORY **

Who raised you?: not reported

Father: not reported

Age:

Mental Illness or Alcohol/Drug abuse:

Relationship Status (conflicted, supportive, estranged, etc.):

Mother: not reported

Age:

Mental Illness or Alcohol/Drug abuse:

Relationship Status (conflicted, supportive, estranged, etc.):

Siblings: not reported

Age(s):

Mental Illness or Alcohol/Drug abuse:

Relationship Status (conflicted, supportive, estranged, etc.):

Marital Status: married

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Mental Illness or Alcohol/Drug abuse:

Relationship Status (conflicted, supportive, estranged, etc.):

Children: 1 adult daughter and son

Age(s):

Mental Illness or Alcohol/Drug abuse: denies

Relationship Status (conflicted, supportive, estranged, etc.): supportive

Is there a history of family suicides or suicide attempts?: denies

If yes, who and when?:

Has your family been affected by your mental health?: yes

consequences (i.e., divorce, loss of children):

denies mh hx

** SECTION III: MENTAL HEALTH HISTORY **

Age of onset of first episode: denies mh hx

Do you take your medications as prescribed?:yes

Current/Active Medication:

Active Inpatient Medications (excluding Supplies):

Active Inpatient Medications	Status
1) AMLODIPINE TAB 10MG PO DAILY hypertension Hold for BP,90/60	ACTIVE
2) ATORVASTATIN TAB 40MG PO QHS	ACTIVE
3) CHLORTHALIDONE TAB 25MG PO DAILY Hold for BP<90/60	ACTIVE
4) DOXYCYCLINE CAP/TAB 1 TABLET/CAPSULE PO BID	ACTIVE
5) GABAPENTIN CAP,ORAL 100MG PO BID for alcohol use, mood	ACTIVE
6) HYDROPHILIC OINTMENT OINT, TOP SMALL AMOUNT TOP BID apply to affected area, twice daily	ACTIVE
7) KETOCONAZOLE 2% SHAMPOO SMALL AMOUNT SCALP BIW PRN to Scalp	ACTIVE
8) LORAZEPAM TAB 1MG PO Q8H PRN for alcohol withdrwal (Tachycardia>100, SBP>140, anxiety, agitation, tremors	ACTIVE
9) LOSARTAN TAB 100MG PO DAILY HTN Hold for BP<90/60	ACTIVE
10) OMEPRAZOLE CAP,EC 20MG PO DAILY	ACTIVE
11) POTASSIUM CHLORIDE TAB,SA 40MEQ PO DAILY	ACTIVE

Treatment History:

Inpatient:

ADM/DIS:

12/21/2018 18:32

***** CONFIDENTIAL Admission/Discharge SUMMARY

pg. 1 *****

BESEDIN, ROBERT 057-42-8925 22P A264-1

DOB: 03/06/1945

----- ADC - Admission/Discharge -----

12/20/2018 - Present 22P A264-1

LOS: 1

Last Tr Specialty: HIGH INTENSITY GEN PSYCH

Last Prov:

Admitting Diagnosis: Mood d/o

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BESEDIN, ROBERT

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Bedsection:

Principal Diagnosis: Alcohol dependence with alcohol-induced mood disorder
F10.24 (ICD-10-CM)

ICD DX: Other hyperlipidemia

E78.49 (ICD-10-CM)

Essential (primary) hypertension

I10. (ICD-10-CM)

Episode (1)

Episode (2)

Episode (3)

Episode (4)

Episode (5)

Outpatient:

Episode (1)

Episode (2)

Episode (3)

Episode (4)

Episode (5)

Emotional Factors:

Have you ever had a significant period of time (that was not a direct result of alcohol/drugs) in which you have:

1. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty in daily function?:
2. Experienced serious anxiety, tension, unreasonably worried, inability to feel relaxed?:
denies
3. Experienced hallucinations- saw things or heard voices that were not there?:
denies
4. Experienced trouble understanding, concentrating or remembering?:
denies
5. Experienced trouble controlling violent behavior, including episodes of rage or violence?: AS per CPRS, Yes
6. Experienced periods where you just kept going, had lots of energy, didn't need much sleep, spent lots of money, felt like you were on top of the world, racing thoughts?:
denies
7. Beliefs that no one else thought were true?:
denies
8. Beliefs that others were against you or out to get you?:
denies

** SECTION IV: VIOLENCE/ABUSE HISTORY **

Have you experienced traumatic events within the past 6 months?

If Yes, please describe:

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denies
 Have you experienced traumatic events in your lifetime?
 If Yes, please describe: Veteran reported he was assaulted by police officers about 1.5 yr ago, and found this a traumatic experience. AS per Veteran, he butt-dialed 911, they came to the home and as he was showing them out the house he was unexpectedly "slammed to the ground" and hit his head. Veteran reported he was charged with felonies for assault of cops, however after Supreme court, and 1 week in jail, all charges were dropped.
 (physical/emotional/sexual, who was perpetrator/any current contact?)
 Have you been the victim of violence, exploitation or abuse within the past 6 months?
 If yes, describe: denies
 (physical/emotional/sexual, who was victim/any current contact?)
 Have you been the victim of violence, exploitation or abuse in your lifetime?
 If yes, describe: see above
 (physical/emotional/sexual, who was victim/any current contact?)
 Have you been the perpetrator of violence (physical/sexual) or abuse within the past 6 months? AS per CPRS, yes, verbally and physically abusive towards wife
 Have you ever been the perpetrator of violence (physical/sexual) or abuse within your lifetime? denies
 Have you ever witnessed violence (physical/sexual) or abuse within the past 6 months? denies
 Have you ever witnessed violence (physical/sexual) or abuse within your lifetime? denies
 ** SECTION V: ALCOHOL AND DRUG HISTORY **
 Have you ever abused any drugs and/or alcohol?:
 yes
 Substances used:
 etoh

 Age of onset: unknown
 Date last used: PTA
 Amount and frequency: Veteran minimizing use, 1 bottle over 60 days per veteran.
 Do you feel you have a problem with alcohol and/or drugs?:
 denies
 Have you ever sought treatment for alcohol and/or drugs?:
 denies
 Do you have a sponsor?: denies

 Are there any consequences to your substance abuse?:
 denies
 Do you have any resistance or apprehension to attending a treatment program?: denies

 ** SECTION VI: LEGAL HISTORY **
 Have you ever been arrested?: see above
 Reason(s) for arrest:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
 BESEDIN, ROBERT
 2510 HARRISON AVE
 BALDWIN, NEW YORK 11510
 DOB: 03/06/1945

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Have you ever been incarcerated?: see above
Reason(s) for incarceration:
Are you currently on probation or parole?: denies
Name of officer:
Phone Number:
Do you have any charges pending?: denies
Are there any other legal issues or high risk behaviors?:
Explain: denies

SUICIDE RISK INFORMATION:

SHF - Health Factor Select

No data available for SUICIDE RISK SCREEN

Have you had a suicide attempt within the past 6 months?

denies

Have you had a suicide attempt within your lifetime?

denies

Are you a registered sex offender?: denies

Level:

** SECTION VII: EDUCATION/EMPLOYMENT/MILITARY **

Education:

Highest Grade Completed: highschool

Additional education/training: trade school mechanic

Describe any learning disabilities or limitations, behavior problems, or conduct problems: denies

Any problems reading or writing?: denies

Describe your experience in High School:

positive experience

Do you have any future educational plans?:

no

Employment History:

Are you presently employed?: YES

Current/most recent employer: buisness ownder,

Type of work: mechanic car

Dates: many years

Longest job held:

Dates:

Prior jobs:

Military History:

Dates of service:

Military occupation:

Discharge:

POW:

SC STATUS:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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How much?:
 For what conditions?:
 Problems related to military experience:
 none
 Does the patient identify service related experience as a factor contributing to the current illness?:
 Explain: none
 ** SECTION VIII: CULTURAL, SPIRITUAL, VALUES ORIENTATION **
 Is spiritual/religious support is important to you?:
 Type?: no
 Are you affiliated with a faith group in the community?:
 Where?: no
 Would you like to speak to a chaplain?:
 no
 What is your cultural/ ethnic identity?: caucasian
 Languages spoken: english
 Sexual Orientation: heterosexual
 Do you have any issues you wish to address related to your sexual identity, sexual orientation, or sexuality?:
 deneis
 Client's perception of his/her strengths and weaknesses:
 (use clients own words)
 STRENGTHS: not reported
 WEAKNESSES: not reported
 ** SECTION IX: GOALS **
 PLAN:
 -Explore discharge planning options
 -collaborate with wife, seek safety
 -review and discuss case and discharge planning with IDT
 -Monitor, support, and assist veteran with aute needs while on inpatient unit
 /es/ Kelsey McGee, LMSW
 Social Worker
 Signed: 12/21/2018 18:52

12/21/2018 ADDENDUM

STATUS: COMPLETED

SW contacted veterans wife, with his verbal consent. Wife reviewed precipitating events leading to bringing veteran to ER, yesterday. Wife reported veteran has been drinking heavily for many years, however was able to function daily while drinking. Per Wife, veterans drinking has significantly increased over past month, to drinking a 2L bottle of whiskey a day, along with beer. Per Wife, veteran tries to work while intoxicated, often drinks while driving, blacks out, and on several occassions has just showed up waking the her daughters house up at 2:00am. Per Wife, veteran is verbally abusive, and at times physically abusive. Wife reported physical abuse, consists of shaking her, pushing her around, and gave example of like if I was bent over he will kick me from behind. Wife described veteran to be unable to manage responsibilities independently, make decisions, and live on his own. Per wife, veteran is unable to prep meals on his own, now that she is not in the house. Wife reported

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veteran has also had problems with hoarding behavior for many years, and it has increasingly become a problem. Wife feels veteran is losing control of his life, and within context of climbing financial stresses, and it is causing some underlying depression. Per wife, veteran has made passive SI threats. Wife noted veteran has no formal dx or psychiatric hx known.

Wife reported to not feel safe being in the home with veteran at this time, and they both co-own home. Wife stated that she can no longer act as his caretaker.

SW reviewed role of IDT on acute unit, and recommended to schedule family meeting together to further discuss. Wife agreed to the same, however stated veteran is not going to change, and is not going to calm down. SW to follow up, and collaborate with IDT.

PLAN:

SW to explore discharge options with veteran, and recommend intensive SUD treatment. SW to review multitude of levels of SUD treatment, and recommend residential treatment. SW also to provide education on Fatherhood initiative program, for IPV. SW to continue to monitor, support, and assist veteran with acute needs while on inpatient unit.

/es/ Kelsey McGee, LMSW
Social Worker
Signed: 12/21/2018 19:01

LOCAL TITLE: SUICIDE RISK EVALUATION - COMPREHENSIVE
STANDARD TITLE: SUICIDE PREVENTION RISK ASSESSMENT SCREENING NOT
DATE OF NOTE: DEC 20, 2018@18:12 ENTRY DATE: DEC 20, 2018@18:13:34
AUTHOR: VIRMANI, ADITYA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Comprehensive Suicide Risk Evaluation

This is a new suicide risk evaluation.

The validity of the information contained within this evaluation is not in question.

Suicidal Ideation

The Veteran has never had thoughts of engaging in suicide-related behavior.

Suicide Attempts

The Veteran has not made any prior suicide attempts.
The Veteran has not engaged in any preparatory behavior.

Warning Signs

Direct warning signs:

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N/A

Indirect warning signs:

N/A

The following warnings signs are currently present:

Risk Factors

Psychological Conditions

Please Describe: worsening mood lability symptoms, agitation

Protective Factors and Reasons for Living

Other

Comment: family feels pt's mood and behaviors are worsening, feels he is a danger to self and others

Clinical Impressions:

The clinical impression of acute risk is Intermediate Risk.

As evidenced by: family feels pt's mood and behaviors are worsening, feels he is a danger to self and others

The clinical impression of chronic risk is Intermediate Risk.

As evidenced by: family feels pt's mood and behaviors are worsening, feels he is a danger to self and others

Risk Mitigation Plan:

General Strategies for Managing Risk in any setting:

Involuntary hospitalization

Re-evaluation:

Due to the dynamic nature of some warning signs, risk and protective factors, suicide risk should be routinely re-evaluated. These risk management strategies were chosen to address Veteran's current presentation and feasible treatment options within the system of care. This plan should be re-evaluated over time.

/es/ ADITYA VIRMANI

PSYCHIATRIST

Signed: 12/20/2018 18:16

LOCAL TITLE: ER - PSYCHIATRY NOTE

STANDARD TITLE: PSYCHIATRY EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: DEC 20, 2018@18:02

ENTRY DATE: DEC 20, 2018@18:02:21

AUTHOR: VIRMANI,ADITYA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

CHIEF COMPLAINT

"Sure I drink, so what!"

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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HISTORY OF PRESENT ILLNESS
BESEDIN, ROBERT 057-42-8925

73

WHITE

MALE

was bib wife and son for worsening aggressive and impulsive behaviors for the past 4 weeks. Family reports pt drinks beer and whiskey all day for the past few years, but have noticed his behaviors worsening, with mild confusion at times. Pt seen, AOA x 3, denies above hx, and admits to depression secondary to financial issues, as he still works as a mechanic. Pt denies si/hi, however collateral from family indicates pt has hx of TBI from MVA in 2004, and exhibits periods of mood lability symptoms, difficult to re-direct. wife feels pt is a danger to self and others, and signed 2PC form.

PAST MEDICAL HISTORY

Active Problem

Impacted cerumen * (ICD-9-CM 380.4) 11/21/2011 TANSIONGCO, SHIRLEY
Hypertension * (ICD-9-CM 401.9) 401 11/21/2011 TANSIONGCO, SHIRLEY
Gastroesophageal Reflux Disorder * 11/21/2011 TANSIONGCO, SHIRLEY
Hearing loss * (ICD-9-CM 389.9) 389 11/21/2011 TANSIONGCO, SHIRLEY
Hyperlipidemia 272.4 04/20/2012 TANSIONGCO, SHIRLEY
H/O: TIA (SNOMED CT 161511000) V12. 06/24/2014 TANSIONGCO, SHIRLEY
FITTING AND ADJUSTMENT OF HEARING A 08/11/2014 WESTERLIND, DEVON WILLIAM
Dyspnea on exertion 786.09 02/25/2015 TANSIONGCO, SHIRLEY
Benign essential hypertension I10. 12/02/2015 TANSIONGCO, SHIRLEY
Gastroesophageal reflux disease K21 12/02/2015 TANSIONGCO, SHIRLEY
Hyperlipidemia E78.0 12/02/2015 TANSIONGCO, SHIRLEY
TIA Z86.73 12/02/2015 TANSIONGCO, SHIRLEY
Hyperlipidemia E78.00 03/17/2017 TANSIONGCO, SHIRLEY
Hypokalemia E87.6 09/21/2017 TANSIONGCO, SHIRLEY

MEDICATIONS

** VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver. Patient/caregiver reminded to discard old lists and to update any records with all medications.

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	HOLD
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH	ACTIVE

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- EVERY DAY FOR BLOOD PRESSURE OR HEART
- 3) AQUAPHOR OINTMENT APPLY SMALL AMOUNT TO AFFECTED AREA ACTIVE
TWICE A DAY FOR DRY SKIN APPLY TO AFFECTED AREAS UP
TO TWICE A DAY
 - 4) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY ACTIVE
MOUTH AT BEDTIME FOR CHOLESTEROL
 - 5) CHLORTHALIDONE 25MG TAB TAKE ONE TABLET BY MOUTH ACTIVE
EVERY DAY
 - 6) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE HOLD
BY MOUTH TWICE A DAY BLOOD THINNER
 - 7) DOXYCYCLINE HYCLATE 100MG CAP/TAB TAKE 1 ACTIVE
TABLET/CAPSULE MOUTH TWICE A DAY FOR INFECTION
 - 8) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY HOLD
DAY FOR PROSTATE
 - 9) FLUOCINONIDE 0.05% OINT APPLY THIN FILM TO AFFECTED ACTIVE
AREA TWICE A DAY FOR RASH APPLY THIN FILM TO RIGHT
WRIST LESION AND AFFECTED AREAS ON BOTH LOWER LEGS
TWICE A DAY FOR 2 WEEKS AVOID APPLING TO FACE ,
UNDERARMS OR GROIN
 - 10) KETOCONAZOLE 2% SHAMPOO SHAMPOO USING SMALL AMOUNT TO ACTIVE
SCALP TWICE A WEEK WASH SCALP TWICE WEEKLY
 - 11) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY ACTIVE
FOR BLOOD PRESSURE OR HEART
 - 12) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH ACTIVE
EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY
STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1
REFILL ONLY)
 - 13) POTASSIUM CHLORIDE 10MEQ SA TAB TAKE FOUR TABLETS BY ACTIVE
MOUTH EVERY DAY FOR POTASSIUM DEFICIENCY
 - 14) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT HOLD
BEDTIME FOR PROSTATE

** VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver. Patient/caregiver reminded to discard old lists and to update any records with all medications.

ALLERGIES

Patient has answered NKA

SOCIAL HISTORY

-married, has 2 children, lives in baldwin with wife, and works as auto mechanic.

MENTAL STATUS EXAMINATION

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Grooming/Dress: gown
 Eye contact: fair
 Level of Consciousness: alert
 Orientation: AOA x 3
 Psychomotor: wnl
 Speech: RRR, spontaneous
 Mood: depressed
 Affect: constricted
 Content: no AH/VH or paranoid behaviors
 Suicidality: denies
 Homicidality: denies
 Insight: limited
 Judgment: limited
 Cognition: AOA x 3, with short term memory deficits

PHYSICAL EXAMINATION

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN	WT (LB)	P OX
12/20/18 @ 1331	98.8	76	18	125/84	0	257	91

medically cleared by ED physician

Diagnosis:

-Mood Disorder NOS; hx of Alcohol abuse

Assessment/Reason for Admission:

Pt is a 73 y/o MWM with hx of depression and alcohol abuse, presents with worsening impulsive and aggressive behaviors towards family. Wife reports pt has been more threatening towards her, and is drinking heavily everyday. She feels pt is a danger to self.

☐ Voluntary Admission ☒ Involuntary Admission

Initial Treatment Plan:

- 1) will start low dose ativan standing taper at 2 mg po Q6hr for alcohol withdrawal
- 2) pt to f/u with inpt primary psychiatric team in the morning for further evaluation and management of his mood lability symptoms
- 3) will give thiamine and folate and MVI

Admit to: Unit 21 []
 Unit 22 [x]

Admission Decision Time:

[x]SUICIDE RISK EVALUATION - COMPREHENSIVE completed during this session.
 See note by that title for details.

/es/ ADITYA VIRMANI
 PSYCHIATRIST

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Signed: 12/20/2018 18:12

LOCAL TITLE: ER - PHYSICIAN NOTE
 STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
 DATE OF NOTE: DEC 20, 2018@13:59 ENTRY DATE: DEC 20, 2018@13:59:58
 AUTHOR: HABEEB,MARWAN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** ER - PHYSICIAN NOTE Has ADDENDA ***

CC: brought in by family for evluation of etoh use, agresive behavior,

HPI: BESEDIN,ROBERT IS A 73 Y/O WHITE MALE, with h/o htn, hyperlipidemia, tia, gerd, eth use, (whisky, beer), an auto mechanic, pt has no complaints at this time. family states that he has been drinking more than usual, last drink yesterday, lives in unheated house, does not shower, pt denied cp, palp, sob, headache, dizziness, abd pain, n/v, no fever, chills, or cough, no dysuria, no hematuria, no wt loss. does not appear to be intoxicated or agitated.

PAST SURGICAL HX: non contributory.

PAST SOCIAL HX:non SMOKER, (+) ETOH USER, non DRUG USER,

PAST MED HX: NO CAD, NO DM, (+) HTN, NO CVA, NO COPD, NO PSYCH DISORDER, (+)

HYPERLIPIDEMIA (+) tia.

MEDS:Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	HOLD
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3) AQUAPHOR OINTMENT APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR DRY SKIN APPLY TO AFFECTED AREAS UP TO TWICE A DAY	ACTIVE
4) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
5) CHLORTHALIDONE 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
6) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	HOLD
7) DOXYCYCLINE HYCLATE 100MG CAP/TAB TAKE 1 TABLET/CAPSULE MOUTH TWICE A DAY FOR INFECTION	ACTIVE
8) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	HOLD
9) FLUOCINONIDE 0.05% OINT APPLY THIN FILM TO AFFECTED AREA TWICE A DAY FOR RASH APPLY THIN FILM TO RIGHT WRIST LESION AND AFFECTED AREAS ON BOTH LOWER LEGS TWICE A DAY FOR 2 WEEKS AVOID APPLING TO FACE , UNDERARMS OR GROIN	ACTIVE

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- 10) KETOCONAZOLE 2% SHAMPOO SHAMPOO USING SMALL AMOUNT TO ACTIVE
SCALP TWICE A WEEK WASH SCALP TWICE WEEKLY
- 11) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY ACTIVE
FOR BLOOD PRESSURE OR HEART
- 12) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH ACTIVE
EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY
STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1
REFILL ONLY)
- 13) POTASSIUM CHLORIDE 10MEQ SA TAB TAKE FOUR TABLETS BY ACTIVE
MOUTH EVERY DAY FOR POTASSIUM DEFICIENCY
- 14) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT HOLD
BEDTIME FOR PROSTATE

ALLERGIES:

Patient's allergies have been reviewed with patient/cargiver:
Patient has answered NKA

**New Allergies as stated by patient/caregiver:

ROS:

HEAD: NO HEADACHE, DIZZINESS, NO BLURRY OR DOUBLE VISION. NO EYES TRAUMA,
NECK: NO SWOLLEN GLANDS, NO NECK STIFFNESS,
PHARYNX: NO SOB THROAT, DIFFICULTY SWALLOWING,
CHEST: NO SOB, NO ORHTOPNEA, NO PND, NO DOE, NO COUGH,
HEART: NO CP NO PALP.

ABD: NO ABD TENDERNESS, NO N/V NO CONSTIPATION NO DIARRHEA, NO BRBPR NO MELENA,
GU: NO DYSURIA, NO HEMATURIA, NO FREQUENCY NO URGENCY,
EXT: NO SWELLING, NO CYANOSIS.

GENERAL: NO WT LOSS, NO FEVER NO CHILLS NO N/V,
SKIN: NO SKIN LESIONS, NO CHANGE IN CHARACTER OF LESIONS,

PE : BP-125/84 (12/20/2018 13:31), PULSE-76 (12/20/2018 13:31), RR-18
(12/20/2018 13:31), TEMP-98.8 F [37.1 C] (12/20/2018 13:31), PAIN LEVEL-0
(12/20/2018 13:31)pulse ox 92% ra.

GENERAL: WELL NOURISHED MALE IN NO ACUTE DISTRESS, very poor hygiene,
HEENT: ATRAUMATIC, neck: supple no jvd,

CHEST: GOOD AIR ENTRY, NO RALES, NO RONCHI, NO WHEEZING, NO DULLNESS
TO PERCUSSION, FULL EXPANSION. NO RUBS.

CVS: S1 S2 PRESENT, NO S3 NO S4 NO MURMUR, NO RUBS OR ECTOPIC BEATS,

ABD: SOFT, BS AUDIBLE, NONTENDER NO MASSES NO ORGANOMEGALY,
NO PULSATIONS, NO REBOUND, NO SHIFTING DULLNESS,

EXT: NO EDEMA NO CLUBBING NO CYANOSIS,

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NEURO: A+O X 3, CRANIALS II-XII INTACT, MOTOR 5/5, NO SENSORY DEFICITS,
DTR PRESENT +2 SYMMETRIC, GAIT NORMAL.

REVIEWED LABS, IMAGING STUDIES, EKG.

ASSESSMENT: etoh use,
DIAGNOSIS:

PLAN: CBC, CHEM 7,13, PT PTT, bal.
HEP LOCK

ECG: NSR 78/M, NORMAL AXIS AND INTERVALS, NO ACUTE CHANGES.

CHEST X RAY: Lungs and pleura: Normal lung volumes. No focal airspace consolidation or sizable pleural effusion. No pulmonary vascular congestion. No evidence of pneumothorax.

Heart and mediastinum: The cardiac silhouette is inadequately assessed in this AP view, however it appears unremarkable. Normal caliber midline tracheal air column. Normal aortic silhouette and bilateral hilar configurations.

Osseous and soft tissues: No significant osseous abnormality. Degenerative changes of bilateral acromioclavicular and glenohumeral joints.

KCL 40 MEQ PO ONCE, GIVEN IN ER.
PSYCH EVALUATION:

PT HAS no CHEST PAIN

NURSES TRIAGE NOTE REVIEWED.

MEDICATION RECONCILIATION:

VA, non VA, OTC and herbal medications were reviewed with the patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver.

Patient/caregiver reminded to discard old lists and to update any records with all medications. Patient was instructed to carry the updated list with them at all times to share the list with their healthcare providers when needed.

Discrepancies:

Discrepancies or changes to the med list have been discussed and reviewed with the patient/caregiver. Changes have been made to the printed list.

PT'S COMPLAINT OF PAIN LEVEL 0 ,HAS BEEN DULY NOTED AND BEEN ADDRESSED.

**DISPOSITION(INDICATE TIME OF DECISION TO ADMIT):

pt is stable for d/c medically

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will be evaluated by psych
if cleared, d/c home,
dr scalisi aware.

/es/ MARWAN HABEEB
M.D. ER ATTENDING
Signed: 12/20/2018 16:48

12/20/2018 ADDENDUM STATUS: COMPLETED
results of labs, chest x ray, were discussed with pt and understood,

/es/ MARWAN HABEEB
M.D. ER ATTENDING
Signed: 12/20/2018 16:48

LOCAL TITLE: EMERGENCY ROOM TRIAGE NOTE
STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE
DATE OF NOTE: DEC 20, 2018@13:33 ENTRY DATE: DEC 20, 2018@13:33:12
AUTHOR: HIGGINS, JAMES MICHA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Emergency Department Triage
Patient age: 73 Sex: MALE
Time of arrival: 1333hrs On arrival patient was: AMBULATORY

Allergies: Patient has answered NKA ALLERGIES/ADR HAVE BEEN REVIEWED WITH
PATIENT/CARE GIVER
Subjective/Chief Complaint:
ETOH ABUSE

Objective:
PT HEARING DIMINISHED
The patient is not a fall risk.

LMP: Gravida: Para:

Vitals: BP: 125/84 P: 76 R: 18 WT: 257 T: 98.8
HT: 66

Pain: 0 (12/20/2018 13:31) DEC 20, 2018@13:31:39 PULSE OXIMETRY: 91

Emergency Severity Index (ESI) level
Level 3

Medical Information

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**TRAVEL

Are you sick with any of the following:

Fever, vomiting, diarrhea, flu like illness, muscle aches, rash, conjunctivitis? No

Have you traveled outside of the United States in last 6 months? No

Have you traveled within the United States in the last 6 months? No

**MEDICAL HISTORY

Active Problem

Impacted cerumen * (ICD-9-CM 380.4) 11/21/2011 TANSIONGCO, SHIRLEY
 Hypertension * (ICD-9-CM 401.9) 401 11/21/2011 TANSIONGCO, SHIRLEY
 Gastroesophageal Reflux Disorder * 11/21/2011 TANSIONGCO, SHIRLEY
 Hearing loss * (ICD-9-CM 389.9) 389 11/21/2011 TANSIONGCO, SHIRLEY
 Hyperlipidemia 272.4 04/20/2012 TANSIONGCO, SHIRLEY
 H/O: TIA (SNOMED CT 161511000) V12. 06/24/2014 TANSIONGCO, SHIRLEY
 FITTING AND ADJUSTMENT OF HEARING A 08/11/2014 WESTERLIND, DEVON WILLIAM
 Dyspnea on exertion 786.09 02/25/2015 TANSIONGCO, SHIRLEY
 Benign essential hypertension I10. 12/02/2015 TANSIONGCO, SHIRLEY
 Gastroesophageal reflux disease K21 12/02/2015 TANSIONGCO, SHIRLEY
 Hyperlipidemia E78.0 12/02/2015 TANSIONGCO, SHIRLEY
 TIA Z86.73 12/02/2015 TANSIONGCO, SHIRLEY
 Hyperlipidemia E78.00 03/17/2017 TANSIONGCO, SHIRLEY
 Hypokalemia E87.6 09/21/2017 TANSIONGCO, SHIRLEY

CAD, CVA

Rash present: NO

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications		Status
=====		
1)	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	HOLD
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3)	AQUAPHOR OINTMENT APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR DRY SKIN APPLY TO AFFECTED AREAS UP TO TWICE A DAY	ACTIVE
4)	ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
5)	CHLORTHALIDONE 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE

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- | | | |
|-----|--|--------|
| 6) | DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP, SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER | HOLD |
| 7) | DOXYCYCLINE HYCLATE 100MG CAP/TAB TAKE 1 TABLET/CAPSULE MOUTH TWICE A DAY FOR INFECTION | ACTIVE |
| 8) | FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE | HOLD |
| 9) | FLUOCINONIDE 0.05% OINT APPLY THIN FILM TO AFFECTED AREA TWICE A DAY FOR RASH APPLY THIN FILM TO RIGHT WRIST LESION AND AFFECTED AREAS ON BOTH LOWER LEGS TWICE A DAY FOR 2 WEEKS AVOID APPLING TO FACE , UNDERARMS OR GROIN | ACTIVE |
| 10) | KETOCONAZOLE 2% SHAMPOO SHAMPOO USING SMALL AMOUNT TO SCALP TWICE A WEEK WASH SCALP TWICE WEEKLY | ACTIVE |
| 11) | LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART | ACTIVE |
| 12) | OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY) | ACTIVE |
| 13) | POTASSIUM CHLORIDE 10MEQ SA TAB TAKE FOUR TABLETS BY MOUTH EVERY DAY FOR POTASSIUM DEFICIENCY | ACTIVE |
| 14) | TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE | HOLD |

Medications or treatments taken prior to arrival in the ER:
Taken at what time: NONE

**SOCIAL HISTORY ETOH

Do you have any spiritual or cultural issues that would impact on your medical treatment? No

Are you currently homeless? NO

**ADVANCED DIRECTIVES

Advanced Directives: INFORMATION GIVEN

Does client wish to formulate an advanced directive? NO

**DNR STATUS DNR: NO

*** ABUSE ASSESSMENT:

Do you feel safe at/in Your living environment? YES

If no, notify MD and Social Worker

Signs and symptoms of abuse/neglect are:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)
BESEDIN, ROBERT
2510 HARRISON AVE
BALDWIN, NEW YORK 11510
DOB:03/06/1945

VISTA Electronic Medical Documentation
Printed at NORTHPORT VAMC

Progress Notes

Printed On Jan 22, 2019

LANGUAGE AND COMMUNICATION NEEDS

**PREFERRED LANGUAGE: English

**COMMUNICATION NEEDS: No barriers with communication identified

**PATIENT EDUCATION

LEARNING ASSESSMENT:

Learning Needs Assessment-Person who was assessed and/or taught:
Patient

Readiness to Learn:
Patient is ready to learn.

Preferred Method(s) of Learning:
Reading, Listening

Characteristics or barriers that may affect teaching/compliance and communication:

No barriers to learning identified at this time.

Are you having any homicidal thoughts at this time? NO

The patient was asked, "Over the past two weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?"

Not At All

/es/ JAMES MICHAEL HIGGINS

RN

Signed: 12/20/2018 13:36

LOCAL TITLE: PSYCHIATRY-PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINA

STANDARD TITLE: PSYCHIATRY H & P NOTE

DATE OF NOTE: MAR 16, 2017@14:37

ENTRY DATE: MAR 16, 2017@14:37:18

AUTHOR: BENGELOUN,ATMAN

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

CHIEF COMPLAINT: This is a 72 year old, WHITE, MALE, , presenting

with a chief complaint of: I don't know why I am here, I was told to come here for an evaluation after the police came to my home. pt is seen alone and provided all info/.

PRESENTING PROBLEM:

he reports that the police was at his house on 2/7/2017 and told him that he called them. he reports that he might have possibly pocket dialed them and has not done it on purpose. he reports that while speaking with the 2 police

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officers, they started to put their gloves and before he can realize what was happening, he was on the ground, had his hands cuffed and reports that his elbow and shoulders are hurting from the struggle.

he reports that everything was on camera.

he denies adamantly having pb with etoh use or drug use and denies drinking that day. he states that the police reports says that he assaulted them.

he reports that he showed the video recording to a lawyer and is filing a claim against the police.

he reports that he was sent to jail and was bailed out by his son a week later. he reports that his wife did not know where he was for 3 days and he could not call anyone. he reports while in jail, he did not have his hearing aids and could not hear what people would say to him.

he reports that he has never been treated this way in his whole life and feels not respect for the police.

he denies endogenic symptoms of depression, denies acute anxiety, there is no evidence of perceptual disturbances.

when asked about other stressors. he reports that he is concerned about being able to sell his business / mechanic shop and worries about his finances in the future, hoping to sell the shop soon enough; '' I will be fine once I sell it''

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS FOR SHORTNESS OF BREATH	ACTIVE
2) AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
3) ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
4) CHLORTHALIDONE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY	ACTIVE
5) CLOTRIMAZOLE 1% TOP CREAM APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY FOR FUNGAL INFECTION	ACTIVE
6) DIPYRIDAMOLE 200MG/ASPIRIN 25MG CAP,SA TAKE 1 CAPSULE BY MOUTH TWICE A DAY BLOOD THINNER	ACTIVE
7) FINASTERIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PROSTATE	ACTIVE
8) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 1 SPRAY IN EACH NOSTRIL EVERY DAY	ACTIVE
9) FOLIC ACID 1MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
10) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE OR HEART	ACTIVE
11) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WHEN NEEDED	ACTIVE
12) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY FOR STOMACH ACID, TO BE TAKEN ON EMPTY	ACTIVE

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- STOMACH 30-45 MINUTES BEFORE A MEAL (90 DAY ITEM; 1 REFILL ONLY)
- 13) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH WHEN NEEDED AS DIRECTED ACTIVE
- 14) TAMSULOSIN 0.4MG CAP TAKE TWO CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE ACTIVE
- 15) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY ACTIVE

PSYCHIATRIC HISTORY: (including treatment for substance abuse/dependence)
 Hospitalizations: (date/diagnosis) denied
 denies excessive alcohol use, reports that he has may be a can of beer after dinner. adamantly denies cage factors.
 "I don't do alcohol and don't do drugs"

Past Outpt psych Tx: denied

History of past suicidal attempts/gestures: No
 History of past violence Yes as per recent event with the police.
 denies combat exposure while in the service.

History of trauma: : denied

If trauma history, does patient report:

Flashbacks: NO
 Nightmares: NO
 Avoidance: NO
 Other trauma related: NO

SOCIAL HISTORY/ denies past or current use disorder

Smoking: denied
 Alcohol: my last beer was about a couple of weeks ago and there is no alcohol in the house.
 Drug use: denied

Elaborate on pattern of use, most recent use, withdrawal history
 (Dts/Seizures): pt adamantly denies etoh use disorder or street drug use.

Occupation: mechanic shop is for sale.
 Marital Status: Married
 Source of income: self-employed.
 Living situation, living with his spouse

FAMILY HISTORY of psych pb: none reported

MEDICAL HISTORY: overweight. htn,

Current Primary Care provider: ref cprs.

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Lab tests reviewed: ref cprs.

Other:

REVIEW OF SYSTEMS: (see hpi for problem pertinent ros) ref cprs.

Fever, chills, sweats
Blurry vision, double vision, red eyes
Chest pains
Shortness of breath
Cough or sputum production
Heartburn
Abdominal pain
Nausea or vomiting
Numbness or tingling
Weakness
Problem with urination
Problems with bowel movement
Heat or cold intolerance
Impotence/erectile dysfunction
Anorgasmia
Menstrual problems
Note if any additional symptoms relating to following organ system.

Allergic-immunologic
Cardiovascular
ENT
Endocrine
Eyes
GI
GU
Hematologic
Integumentary
Musculoskeletal
Neurologic
Respiratory

MENTAL STATUS EXAM

Appearance: Grooming: Normal
Hygiene: Normal

Orientation: Fully oriented

Motor Activity: Unremarkable

Mood: Neutral
Affect: Appropriate

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Estimated IQ:
Attention: Normal
Concentration: Normal

Memory:
Recent Memory: Normal
Remote Memory: Normal

Thought Processes: Normal

Thought Content: spoke about not trusting police after the way he was treated.

Suicidal:
Ideation: NO
Suicide Plan: NO
Suicide Intent: NO
Homicidal or violent ideation: NO
Homicidal or violent plan: NO
Homicidal or violent intent: NO
Hallucinations: None

Vegetative Symptoms:

Insomnia:
Appetite: normal
Weight gain: NO
Weight loss: NO
Hopeless: NO
Helpless: NO
Anhedonia: NO

Other:

Judgement: Good
Insight: Good
Impulse Control: Good at present time
Smoking Cessation: Patient denies smoking.

Results of AIMS exam (Required yearly for all patients on antipsychotic):

Diagnosis per DSM-5:
adjustment disorder with anxious mood.

Consults ordered:

Laboratory tests ordered: :

Medications ordered: none at present time.

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Treatment Plan:

- . psychoeducation provided.
- pt does not feel that he needs to f/u with mhc , requesting a note from this session. He is informed of roi.
- . supportive session provided.
- . pt is aware of the walk in mhc and ER services in case of worsening of symptoms.

Medication Reconciliation:

Allergies: Patient has answered NKA

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
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15) THIAMINE HCL 100MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR VITAMIN DEFICIENCY	ACTIVE

** VA, non VA, OTC and herbal medications were reviewed with the

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patient/caregiver and were reconciled. Discrepancies have been addressed with the patient/caregiver. Changes have been made to the patient's printed list and given to the patient/caregiver. Patient/caregiver reminded to discard old lists and to update any records with all medications.

Return to clinic: pt is not interested in scheduling a f/u with mhc.

/es/ ATMAN BENGELOUN
PSYCHIATRIC ATTENDING
Signed: 03/16/2017 15:35

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1399005H

THE LAW OFFICES OF
FREDERICK K BREWINGTON

Attorneys and Counselors at Law

556 Peninsula Blvd., Hempstead, New York 11550

Phone: 516-489-6959 • Fax: 516-489-6958 • www.brewingtonlaw.com

Frederick K. Brewington
Cathryn Harris-Marchesi
Tricia S. Lindsay
Julissa M. Proaño

Oscar Holt III
Of Counsel

October 17, 2018

Nassau University Medical Center
Medical Records Dept.
2201 Hempstead Turnpike
East Meadow, New York 11554

Re: Robert Besedin, Sr.
DOB: 03/06/1945

Dear Sir/Madam:

Enclosed, please find a duly executed authorization and request for the release of all medical records, reports, photographs and X-rays, Orders, progress notes, admission history and any other diagnostic tests that are in your possession for Mr. Robert Besedin, Sr. who has consulted with this office. Do not send us hard copies, send in electronic format only.

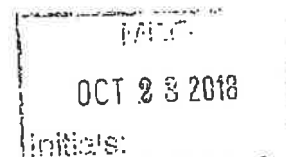
Pursuant to the HITECH Act 6.50, 42 U.S. C.A. § 17935(e)(1), and its implementing regulations, 45 CFR.524(c)(I), we are requesting, in an electronic format only, a complete copy of the patient's medical records **from 01-01-17 to present**. Please be aware that the HITECH Act applies to requests by third-parties, like our firm, just the same as it applies to requests by patients: "if requested by an individual, a covered entity must transmit the copy of protected health information directly to another person designated by the individual." Federal register January 25, 2013 Vol 78 No. 17, Page 5634.

Thank you in advance for your immediate cooperation in this matter.

Sincerely,


LAVERN VAN OMMEREN
Legal Assistant

Enclosure
:lvo



Besedin 0167



OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name ROBERT S. BESEDIN, Sr.	Date of Birth 03/06/1945	Social Security Number 057-42-8925
Patient Address 2510 Harrison Avenue, Baldwin, New York 11510		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

Nassau University Medical Center 2201 Hempstead Turnpike, East Meadow New York 11554

8. Name and address of person(s) or category of person to whom this information will be sent:

Law Offices of Frederick K. Brewington, 556 Peninsula Blvd. Hempstead, New York 11550

9(a). Specific information to be released:

☒ Medical Record from (insert date) 11/17 to (insert date) Present☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.☐ Other: **Any & all medical records**

Include: (Indicate by Initialing)

Pertaining to patient

RB Alcohol/Drug Treatment
RB Mental Health Information
RB HIV-Related Information

Authorization to Discuss Health Information(b) ☐ By initialing here _____ I authorize _____

Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

☐ At request of individual☒ Other: Litigation

11. Date or event on which this authorization will expire:

Conclusion of my court case.

12. If not the patient, name of person signing form

13. Authority to sign on behalf of patient

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

RB Besedin
 Signature of patient or representative authorized by law.

Date: 10/17/18

OCT 23 2018

Initials: _____

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Sworn to before me

this 17th day of OCTOBER 2018

Notary

LAVERN VAN OMMEREN
 Notary Public, State of New York
 No. 01VA6180812

Qualified in Nassau County **Besedin 0168**
 Commission Expires January 14, 2019

11/09/2018 5:07:48 PM -0500 FAXCOM

PAGE 1 OF 3

MRO
1000 Madison Avenue, Suite 100
Norristown, PA 19403



Fax: (610) 962-8421
Phone: (610) 994-7500 Opt. 1

Request ID: 24394086
Tracking #: NUMC8YGSHD7AJ

Lavern Ommeren
Frederick K. Brewington, Law Offices
556 Peninsula Blvd.
Hempstead, NY 11550

Track your request at www.roilog.com.
Enter your Tracking # and Request ID.

Date: 11/9/2018
Phone: 516-489-6959
Fax: 516-489-6958

Notice of an Issue Regarding Your Medical Record Information Request

MRO works with your healthcare provider to process requests for copies of medical records on their behalf. There is an issue with your medical record request (see below). In order to resolve this issue, please fax the information requested to MRO at (610) 962-8421. Upon receipt of the requested information, your request will be processed as quickly as possible.

Please note that you may be billed for a search/retrieval fee if you cancel your request.

Should you have any questions, please feel free to contact MRO directly regarding this request by dialing (610) 994-7500 Opt. 1 or by submitting an email to Requestinformation@mrocorp.com. To help us better assist you, please be sure to include your Request ID in the subject line of your email.

MRO is processing your request in accordance with HIPAA regulations. Please notify the patient that the provision of treatment, payment, enrollment, or eligibility for benefits will not be conditioned on the elements of the authorization provided or your request for copies of the patient's records, unless permitted under 45 CFR 164.508(c)(2)(ii)(A)-(B).

Thank you,
MRO

Patient Name: **ROBERT BESEDIN**

Your Request Date: 10/17/2018
Your Reference Number:
Date Received at Facility: 10/23/2018

Your request is being processed by MRO on behalf of the following facility:

Facility: **Nassau University Hospital Med Ctr SA**
2201 Hempstead Turnpike
East Meadow, NY 11554

ISSUE LIST

Sensitive Records Authorization

The records that you requested contain sensitive information that is protected under federal and/or state law. Please mail or fax an authorization signed by the patient or a court order that explicitly permits the disclosure of all sensitive information types to the address or fax number listed above.

SEE ATTACHED !



OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name ROBERT S. BESEDIN, Sr.	Date of Birth 03/06/1945	Social Security Number 057-42-8925
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2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: Nassau University Medical Center 2201 Hempstead Turnpike, East Meadow New York 11554	
8. Name and address of person(s) or category of person to whom this information will be sent: Law Offices of Frederick K. Brewington, 556 Peninsula Blvd. Hempstead, New York 11550	
9(a). Specific information to be released: <input checked="" type="checkbox"/> Medical Record from (insert date) <u>11/17</u> to (insert date) <u>Present</u> <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input type="checkbox"/> Other: <u>Any & all medical records</u> Include: (Indicate by Initialing) <div style="text-align: right;"> <u>RS</u> Alcohol/Drug Treatment <u>RS</u> Mental Health Information <u>RS</u> HIV-Related Information </div>	
Authorization to Discuss Health Information (b) <input type="checkbox"/> By initialing here _____ I authorize _____ <div style="display: flex; justify-content: space-between;"> Initials Name of individual health care provider </div> to discuss my health information with my attorney, or a governmental agency, listed here: _____ (Attorney/Firm Name or Governmental Agency Name)	
10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: Litigation	11. Date or event on which this authorization will expire: Conclusion of my court case.
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law. R. Besedin

Date: 10/17/18

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Sworn to before me

this 17th day of October 2018

Notary

LAVERN VAN OMMEREN

Notary Public, State of New York

No. 01VA61PDR12

Besedin 0170

11/12/2018 3:43PM (GMT-05:00)

CC Payment Receipt

Transaction Status:	Approved
Transaction Date and Time:	11/15/2018 12:37:16 PM
Transaction Reference No.:	1496947
Approval Code:	0001440091
Order Number:	24394086
Charge Amount:	\$78.46
Credit Card Number:	XXXXXXXXXXXX6398
Credit Card Holder:	FREDERICK K. BREWINGTON

MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES

NuHealth
Together through life.

Nassau University Medical Center
DEPARTMENT OF EMERGENCY MEDICINE

BESEDIN, ROBERT		
2510 HARRISON AVE		
BALDWIN	NY	11510
Email		

Patient Alias

Temporary Address

Guarantor		
BESEDIN, ROBERT		
2510 HARRISON AVE		
BALDWIN	NY	11510
(616)546-4786		

Next of Kin		
BESEDIAN, ROBERT JR	SON	
2510 HARRISON AVE		
BALDWIN	NY	11510
(516)376-0826		

Insurance

I have reviewed and agree with the above.	
Physician Notified By:	
Date:	
Consult Faxed By:	
Date:	

MRN 1399005		SSN 6596257	
Regd		Reg Area ERF	
Reg Date 2/11/2017		Reg Time 14:05:00	
Door Time		Triage Time	
Sex M	D.O.B. 3/6/1945	Age	SSN 057-42-8925
Chief Complaint			
Marital Sta M	Race 2	Religion LU	Birthplace
ACD Type		Date	Time
Location ERF			
Ref Class	AKV Mode	Mother's Name BESEDIAN, ROBERT JR	
Previous Admit		Previous ER Visit	
Community Phys.			Prv
Ruler Phys.			Prv

Notify	
BESEDIAN, ROBERT JR	SON
2510 HARRISON AVE	
BALDWIN	NY 11510
(516)376-0826	

--

MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES



MR 1399005	SER 6596257
BESEDIN, ROBERT	
LU	3/6/1945 M
BESEDIN	ERF

UNIVERSAL AGREEMENT / ACKNOWLEDGEMENT

RELEASE OF INFORMATION. I authorize and direct NuHealth to release to government agencies, insurance carriers, or any others who are or may be financially liable for my (the patient's) hospitalization and medical care, all information needed to substantiate payment for such hospitalization and medical care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment. In the event that I am (the patient is) to be considered for placement in an alternate care facility, I hereby authorize NuHealth to release my (the patient's) medical record to such facility for the purpose of facilitating placement.

In addition, I hereby authorize and direct NuHealth, having treated me to release to government entities responsible for monitoring the activities of third parties (and any agents, contractors or employees thereof) responsible for payment for health care services and hospitalizations, including, but not limited to the review of payment and utilization review practices for compliance with state and federal laws.

ASSIGNMENT OF BENEFITS. I hereby assign, transfer, and set over to NuHealth sufficient monies and/or benefits to which I may be entitled from government agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care to cover the costs of the care and treatment rendered to myself or my dependent in said Medical Center.

DESIGNATED REPRESENTATIVE FOR APPEALS. I hereby authorize NuHealth to represent me, and act on my behalf regarding any denial of health plan benefits for the services provided to me by NuHealth, in connection with this admission or visit, including authorization to appeal any adverse determination, and to pursue external appeal if internal appeals are unsuccessful. NuHealth may, in its discretion, decline to exercise its authority under this section for any reason. I understand that I may revoke this authority at any time by notifying NuHealth and my health plan in writing.

FOR PATIENTS ENTITLED TO MEDICARE BENEFITS. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare or payment to me.

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Page 1 of 2 Pages



MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES

20



Nassau University Medical Center
DEPARTMENT OF EMERGENCY MEDICINE

MR 1399005 SER 6596257
BESEDIN, ROBERT
LU 3/6/1945 M
BESEDIN
ERF

TELEPHONE COMMUNICATIONS FROM THIRD PARTY CONTRACTORS. I understand that NuHealth may hire a third party contractor to assist NuHealth with the various matters, including, but not limited to, the collection of payments due to NuHealth for services rendered, appointment reminders and emergency alerts. I authorize NuHealth and/or any third party contractor to contact me in writing or by phone with regard to the matters listed above and other matters as necessary or appropriate. I understand that such calls may include automated calls. NuHealth, and any third party contractor hired by NuHealth, agrees to comply with all state and federal laws and regulations which apply to these communications to me.

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UNDERSTANDING THIS FORM. I confirm that I have read and fully understand this form, and that all the blank spaces have been completed or crossed off prior to my signing. I have been given an opportunity to ask questions and all of my questions have been answered fully and to my satisfaction.

Date 2.11, 20 17 Time _____
 Signature of Patient or Representative [Signature] Patient's/Representative's Name SELF
 (Printed) Relation to Patient

Documentation of attempts to obtain signatures: _____

Witnessed by:

Date _____, 20____ Time _____
 Name of Employee (Printed) [Signature] Signature of Employee [Signature]

Interpreter Signature (if present in person) | Date

Print Interpreter Name or Telephonic Interpreter's ID

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD

Page 2 of 2 Pages



MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES



MR 1399005 SER 6596257
BESEDIN, ROBERT
LU 3/6/1945 M
BESEDIN
ERF

1. I, _____, hereby consent to my treatment by the NuHealth Department of Emergency Medicine. I authorize NuHealth, its medical staff, nursing staff and other NuHealth personnel to provide care and administer such diagnostic, radiological, and/or therapeutic procedures and treatments as the medical staff determines is necessary or advisable in my care or, for obstetrical patients, in the care of my baby. I understand that if I have provided Emergency Contact names that NuHealth considers these individuals as my "Designated Representative(s)". NuHealth may share my protected health information ("PHI") with my Designated Representative(s) to the extent permitted by law and/or to the extent that I have directed otherwise.

2. At NUMC, all measures are taken to ensure patient privacy and confidentiality. In order to provide you with the most efficient and timely care, the Emergency Department routinely display patient names and their room numbers on overhead screens (Tracking Board) that face inward toward our clinical staff. Please indicate below whether you consent or decline to have your name displayed on the screens.

☒ I consent to my name displayed on the Tracking Board ☐ I decline to have my name displayed on the Tracking Board

3. New York State Public Health Law requires that an offer of HIV related testing be made to all persons between the ages of 13 and 64 receiving hospital or primary care services except under specific circumstances. This includes inpatients, persons seeking services in emergency departments those receiving primary care on an outpatient basis at a clinic or from a physician, physician assistant, nurse practitioner or midwife. HIV is the virus that causes AIDS and is passed from one person to another during unprotected sex (oral, anal or vaginal sex) with someone who has HIV. HIV is also passed through contact with blood as in sharing needles (piercing, tattooing or injecting drugs of any kind) or sharing "works" with a person who has HIV. If your test result is negative, you can learn how to protect yourself from being infected in the future. If you are positive, you can take steps to prevent passing the virus to others, and you can receive treatment for HIV and learn about other ways to stay healthy.

- ☐ Yes, I would like to speak to someone about HIV testing.
- ☒ No, I do not wish to have an HIV test today.
- ☐ Patient Unable to Consent and no Surrogate readily available

Y. Robert Besedin SELF 2.11.17
Signature Relationship if other than patient Date

Y Robert Besedin SELF 2.11.17
Print Name Relationship if other than patient Date

J. H. L. L. HINTON 2.11.17
Interpreter, if applicable (Signature) Print Name Date

J. H. L. L. HINTON 2.11.17
Witness to signature (Signature) Print Name Date



MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES

NASSAU HEALTH CARE CORPORATION
NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, New York 11554

HEALTHIX CONSENT FORM

MR 1399005 SER 6596257
BESEDIN, ROBERT
3/6/1945 M
LU BESEDIN
ERF

PATIENT IDENTIFIER

In this Consent Form, you can choose whether to allow Nassau Health Care Corporation to obtain access to your medical records through a computer network operated by Healthix, Inc., which is part of a statewide computer network. This can help collect the medical records you have in different places where you get health care, and make them available electronically to our office.

You may use this Consent Form to decide whether or not to allow Nassau Health Care Corporation to see and obtain access to your electronic health records in this way. You can give consent or deny consent, and this form may be filled out now or at a later date. Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent may not be the basis for denial of health services.

If you check the "I GIVE CONSENT" box below, you are saying "Yes, Nassau Health Care Corporation's staff involved in my care may see and get access to all of my medical records through Healthix, Inc."

If you check the "I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY" box below, you are saying "Yes, Nassau Health Care Corporation may access my medical records through Healthix, Inc. only in an emergency."

If you check the "I DENY CONSENT" box below, you are saying "No, Nassau Health Care Corporation may not be given access to my medical records through Healthix, Inc. for any purpose."

Healthix, Inc. is a not-for-profit organization. It shares information about people's health electronically and securely to improve the quality of health care services. This kind of sharing is called ehealth or health information technology (health IT). To learn more about ehealth in New York State, read the brochure, "Better Information Means Better Care." You can ask Healthix for it, or go to the website www.ehealth4ny.org.

Please carefully read the information on the back of this form before making your decision.

Your Consent Choices.

You can fill out this form now or in the future, you have three choices.

- ☒ I GIVE CONSENT for Nassau Health Care Corporation to access ALL of my electronic health information through Healthix, Inc. in connection with providing me any health care services, including emergency care.
- ☐ I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY for Nassau Health Care Corporation to access my electronic health information through Healthix.
- ☐ I DENY CONSENT for Nassau Health Care Corporation to access my electronic health information through Healthix, Inc. for any purpose, even in a medical emergency.

NOTE: UNLESS YOU CHECK THIS BOX, New York State law allows the people treating you in an emergency to get access to your medical records, including records that are available through Healthix, Inc..

If you want to deny consent for all Provider Organizations and Health Plans participating in Healthix to access your electronic health information through Healthix, you may do so by visiting Healthix's website at www.healthix.org or by calling Healthix at 877-695-4749.

Robert Besedin 2-11-17 Robert Besedin
Patient/Relative/Guardian* (Signature) Date / Time Print Name Relationship if other than patient

Telephonic interpreter's ID # _____ Date / Time _____
OR

[Signature] _____ Date / Time _____ Print: Interpreter's Name and Relationship to Patient

[Signature] _____ Date / Time _____ Print Witness Name

* The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incapable of signing.

BARCODE CN3766
0158416 (12/9/16) L1



MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES


Nassau University Medical Center
 DEPARTMENT OF EMERGENCY MEDICINE

BESEDIN, ROBERT		
2510 HARRISON AVE		
BALDWIN, NY 11510	NY	11510
Email		

Patient Alias	
---------------	--

Temporary Address	
-------------------	--

Guarantor	
BESEDIN, ROBERT	
2510 HARRISON AVE	
BALDWIN NY 11510	
(516)546-4786	

Next of Kin	
BESEDIAN, ROBERT JR SON	
2510 HARRISON AVE	
BALDWIN NY 11510	
(516)376-0926	

Insurance	

I have reviewed and agree with the above.

Physician Notified By:

Date:

Consult Faxed By:

Date:

MR#	1399005			S#	6594854		
Reg#				Reg Area	ERE		
Reg Date	2/8/2017			Reg Time	10:20:00		
Door Time				Triage Time			
Sex	M	D.O.B.	3/6/1945	Age	SS# 057-42-8925		
Chief Complaint							
Mari Sta	Race	Religion	Birthplace	Fin Cls	Reg By		
M	2	LU		SLF			
ACD Type	Date			Time			
Location							
ERE							
Mat Class	ARV Mode	Mother's Name					
		BESEDIAN, ROBERT JR					
Previous Admit				Previous ER Visit			
Community Phys				Priv			
Refor Phys				Priv			

Notify	
BESEDIAN, ROBERT JR SON	
2510 HARRISON AVE	
BALDWIN NY 11510	
(516)376-0926	

--	--

MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES



MR 1399005 SER 6594854
BESEDIN, ROBERT
3/6/1945 M
LU BESEDIN
ERE

1. I, _____, hereby consent to my treatment by the NuHealth Department of Emergency Medicine. I authorize NuHealth, its medical staff, nursing staff and other NuHealth personnel to provide care and administer such diagnostic, radiological, and/or therapeutic procedures and treatments as the medical staff determines is necessary or advisable in my care or, for obstetrical patients, in the care of my baby. I understand that if I have provided Emergency Contact names that NuHealth considers these individuals as my "Designated Representative(s)". NuHealth may share my protected health information ("PHI") with my Designated Representative(s) to the extent permitted by law and/or to the extent that I have directed otherwise.

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3. New York State Public Health Law requires that an offer of HIV related testing be made to all persons between the ages of 13 and- 64 receiving hospital or primary care services except under specific circumstances. This includes inpatients, persons seeking services in emergency departments those receiving primary care on an outpatient basis at a clinic or from a physician, physician assistant, nurse practitioner or midwife. HIV is the virus that causes AIDS and is passed from one person to another during unprotected sex (oral, anal or vaginal sex) with someone who has HIV. HIV is also passed through contact with blood as in sharing needles (piercing, tattooing or injecting drugs of any kind) or sharing "works" with a person who has HIV. If your test result is negative, you can learn how to protect yourself from being infected in the future. If you are positive, you can take steps to prevent passing the virus to others, and you can receive treatment for HIV and learn about other ways to stay healthy.

☐ Yes, I would like to speak to someone about HIV testing.
☐ No, I do not wish to have an HIV test today.
☒ Patient Unable to Consent and no Surrogate readily available

Signature Relationship if other than patient Date

Print Name Relationship if other than patient Date

Interpreter, if applicable (Signature) Print Name Date

Witness to signature (Signature) Print Name Date



MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES



MR 1399005 SER 6594854
 BESEDIN, ROBERT
 3/8/1945 M
 LU BESEDIN
 ERE

UNIVERSAL AGREEMENT / ACKNOWLEDGEMENT

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Page 1 of 2 Pages



MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES



MR 1399005 SER 6594864
BESEDIN, ROBERT
3/6/1945 M
LU BESEDIN
ERE

TELEPHONE COMMUNICATIONS FROM THIRD PARTY CONTRACTORS. I understand that NuHealth may hire a third party contractor to assist NuHealth with the various matters, including, but not limited to, the collection of payments due to NuHealth for services rendered, appointment reminders and emergency alerts. I authorize NuHealth and/or any third party contractor to contact me in writing or by phone with regard to the matters listed above and other matters as necessary or appropriate. I understand that such calls may include automated calls. NuHealth, and any third party contractor hired by NuHealth, agrees to comply with all state and federal laws and regulations which apply to these communications to me.

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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICE. I acknowledge that I have received the HIPAA Notice of Privacy Practices for Protected Health Information.

UNDERSTANDING THIS FORM. I confirm that I have read and fully understand this form, and that all the blank spaces have been completed or crossed off prior to my signing. I have been given an opportunity to ask questions and all of my questions have been answered fully and to my satisfaction.

Date _____, 20____ Time _____

Signature of Patient or Representative _____ Patient's/Representative's Name _____ Relation to Patient _____
(Printed)

Documentation of attempts to obtain signatures: Pt unable to sign
Restrainted

Witnessed by:

Date 2-8, 2017 Time 10:23
[Signature] _____
Name of Employee (Printed) Signature of Employee

Interpreter Signature (If present in person) | Date

Print Interpreter Name or Telephonic Interpreter's ID

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD

Page 2 of 2 Pages



MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES


Nassau University Medical Center
 DEPARTMENT OF EMERGENCY MEDICINE

BESEDIN, ROBERT		
2510 HARRISON AVE		
BALDWIN, NY 11510	NY	11510
Email		

Patient Alias	
---------------	--

Temporary Address	
-------------------	--

Guarantor	
BESEDIN, ROBERT	
2510 HARRISON AVE	
BALDWIN, NY 11510	
(516)548-4786	

Next of Kin	
BESEDIAN, ROBERT JR	SON
2510 HARRISON AVE	
BALDWIN, NY 11510	
(516)376-0026	

Insurance	

I have reviewed and agree with the above.

Physician Notified By:

Date:

Consult Faxed By:

Date:

MRN	1399005	SSN	6594543
Reg#		Reg Area	ERE
Reg Date	2/7/2017	Reg Time	23:34:00
Door Time		Triage Time	
Sex	M	D.O.B.	3/6/1945
Age		SSN	057-42-8925
Chief Complaint			
Medi Sts	Race	Religion	Birthplace
M	2	LU	
ACD Type	Date	Time	
Location			
ERE			
Ref Class	ARV Mode	Mother's Name	
		BESEDIAN, ROBERT JR	
Previous Admit		Previous E/R Visit	
Community Phys		Pw	
Reflex Phys		Pw	

Notify	
BESEDIAN, ROBERT JR	SON
2510 HARRISON AVE	
BALDWIN, NY 11510	
(516)376-0926	

--	--

MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES



MR 1399005 SER 6594543
BESEDIN, ROBERT
3/6/1945 M
LU BESEDIN
ERE

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Date 2/7, 20 17 Time 2338

X Signature of Patient or Representative Patient's/Representative's Name Relation to Patient
(Printed)

Documentation of attempts to obtain signatures:

unable to obtain signatures of
is under arrest so will not uncuff

Witnessed by:

Date _____, 20 _____

Time _____

Ramirez
Name of Employee (Printed)

J. Larame
Signature of Employee

Interpreter Signature (if present in person) | Date _____

Print Interpreter Name or Telephonic Interpreter's ID _____

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD

Page 2 of 2 Pages



MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES



MR 1399005	SER 6594543
BESEDIN, ROBERT	
	3/6/1945 M
LU	BESEDIN
	ERE

UNIVERSAL AGREEMENT / ACKNOWLEDGEMENT

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Page 1 of 2 Pages



MRN: 1399005H Visit:

DocType: PATIENT FINANCIAL SERVICES



MR 1399005 SER 6594543
BESEDIN, ROBERT
3/6/1945 M
LU BESEDIN
ERE

1. I, _____, hereby consent to my treatment by the NuHealth Department of Emergency Medicine. I authorize NuHealth, its medical staff, nursing staff and other NuHealth personnel to provide care and administer such diagnostic, radiological, and/or therapeutic procedures and treatments as the medical staff determines is necessary or advisable in my care or, for obstetrical patients, in the care of my baby. I understand that if I have provided Emergency Contact names that NuHealth considers these individuals as my "Designated Representative(s)". NuHealth may share my protected health information ("PHI") with my Designated Representative(s) to the extent permitted by law and/or to the extent that I have directed otherwise.

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☐ No, I do not wish to have an HIV test today.
☒ Patient Unable to Consent and no Surrogate readily available

X _____
Signature Relationship if other than patient Date

X _____
Print Name Relationship if other than patient Date

Interpreter, if applicable (Signature) Print Name

Witness to signature (Signature) Print Name

Date



MRN: 1399005H Visit: 6594543

DocType: AMBULANCE REPORT

Page 1 of 2 Patient: Besedin Incident #: 170063943 Nassau County

Patient Care Report

Incident Number: 170063943

Run Number:

Date of Service: 02/07/2017

Chief Complaint: Behavioral / Psychiatric
Disorder - Aggressive behavior, abrasions to
left elbowUnit/Crew: 2351 - MATTHEW O'CONNOR
244615 Driver - PO McCarrigeMR 1399005 SER 6594543
BESEDIN, ROBERT

3/6/1945 M

DIN

E

Incident InformationLocation: 900 Merrick Rd. - 1st Precinct, Baldwin NY
11510Type: Public
BuildingDispatch Complaint: Mental
Aided

Outcome: Transport Prisoner/10-64/FIT

Destination: Nassau University Medical Center,

Mileage - Starting 30966.5 Ending Total -30966.5

Call Times

Dispatched	EnRoute	At Scene	At Patient	Depart Scene	Destination	Transfer Care	Unit Clear
22:31:00	22:31:00	22:38:00	22:40:00	23:05:00	23:21:00	23:40:00	

Patient Information

Last Name: Besedin	First Name: Robert	MI:	DOB: 03/06/1945	Age: 71
Sex: Male	Race:	Phone:	SSN: 057-42-8925	DL#:
Address: 2510 Harrison Ave.	City: Baldwin	State: NY	Zip: 11510	County: Nassau
Insurance: Medicare	Medicare ID #:	057428925a		

Patient Medications: Unknown

Patient Allergies: Medications - Unknown

Patient History: Cardio - Unknown Cancer - Unknown Neuro - Unknown GI - Unknown Genitourinary

- Unknown Infectious - Unknown Metabolic / Endocrine - Unknown Respiratory - Unknown Psych -

Unknown Womens Health - Unknown

Patient Symptoms:

Patient Assessment

Assessment: Time - 02/07/2017 23:06:33 Skin - Normal Head/Face - Normal Neck - Normal
Chest/Lungs - Normal Heart - Normal LU Abdomen - Normal RL Abdomen -
Normal RL Abdomen - Normal GU - Normal Back Cervical - Normal Back Thoracic - Normal Back
Lumbar - Normal RU Extremities - Normal RL Extremities - Normal LU Extremities - Normal LL
Extremities - Normal Left Eye - Normal Right Eye - Normal Mental Status - A/O X 4 Neuro - Normal

OPQRST: Onset Provocation - Quality - Radiation - Time -

Injury:

Vitals

Time	HR	RR	BPSys	BPDia	SPO2	ETCO2	CBG mg/dL	Temp	Position	EKG	GCS	RTS	Pain	SPCO	SPMET	DoneBy
23:06:47	104	18	154	83						6/4/4	12					
23:15:23	108	18	U70	U70						6/4/4	12					O'CONNOR, MATTHEW

Treatments

Time	Treatment	Details
23:02:08	Restraint	Type: Handcuffs Locations: Arms Applied By: Police

This report contains confidential information and is protected by HIPAA regulations

MRN: 1399005H Visit: 6594543

DocType: AMBULANCE REPORT

Page 2 of 2 Patient: Besedin Incident #: 170083943 Nassau County

Protocols

Time

Protocol

Comments

Narrative: Arrived at the precinct to find a 71 year old male seated and cuffed to the detention bench. He was arrested a few hours ago and was involved in a altercation with the arresting officers. He has been uncooperative and belligerent since that time. He was reported to have been spitting and urinated on the floor in the cell. He had some abrasions to his left elbow that was oozing a small amount of blood, he was also continually rubbing it against the wall of the cell behind him. He appeared to be intoxicated with an odor of alcohol on his breath. He was alert, but seemed to be slightly confused.....he was very hard of hearing as well. He stated several times that he needed his medication, but didn't know what it was that he took. He wouldn't answer me when I asked what medical problems he had. He was cuffed and walked from the cell out to the bus. Upon getting him outside he became combative with one of the officers and was seated and belted on the stretcher. I was unable to obtain a fingerstick due to his positioning and combative nature in the bus. A spit hood was applied. He complained of pain to his wrists due to the cuffs. He was transported to the ED for an evaluation. ALS assessment.

Signatures

Primary Meds - O'DONNOR, MATTHEW



PUTS Own Signature - O'DONNOR, MATTHEW/ No PT Signature - Patient Physically unable to Sign

Receiving RN / Doctor - Almann RN



Provider Info: Nassau County Police Emergency Ambulance Bureau 1490 Franklin Ave Mineola NY 11501 (516) 573-3161 @ 2910

RescueMedic - All rights reserved 2012

PCR Status: Incomplete Date/Time Created: 2/7/2017 10:38:29 PM

This report contains confidential information and is protected by HIPAA regulations

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554
<http://www.numc.edu/> Physician Order Summary

Orders: All orders for this chart for order dates from 07-Feb-2017

BESEDIN, ROBERT	A-Rm32-C	73y M	
Height: 170 cm, Weight: 108.8kg, BMI: 37.6	06-Mar-1945	DSC	3228970 / 1399005H / 6594543

Length of stay: 1 day(s)

Admit date: 2/7/2017

08-Feb-2017 00:35

Requested By: Rankov, Leonid (MD)

ED Discharge Order

08-Feb-2017 03:00

**Discontinued via
Patient Discharge**

08-Feb-2017 00:17

09-Feb-2017 01:40

Requested By: (/ entered by: services (IT)

Discontinued

ED Discharge Order

08-Feb-2017 03:00

**Discontinued via
Patient Discharge**

08-Feb-2017 00:17

Patient discharged - 08-Feb-2017 00:17.

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT A-Rm32-C 73y M
1099005H/6594543 BMI: 37.6 DSC Mar-06-1945 Feb-08-2017 Visit Date: Feb-07-2017 23:02

Authored: Feb-07-2017 23:52 ED Triage (Incomplete) Altmann, Edward (Reg Nurse I)

EBOLA RISK SCREEN:

Ebola Risk Screen:

- Can patient answer Ebola questions? Yes
- Any of the following symptoms? none
- Travel to Ebola affected areas in the last month such as: no travel to known Ebola area
- Exposure risk to Ebola? no known exposure

ARRIVAL INFO:

- Patient ID check: ROBERT BESEDIN is a 71 yr old Male. Date of Birth is 06-Mar-1945
- Arrival Time 07-Feb-2017 23:34
- Triage Time 07-Feb-2017 23:45
- ID Band ID Band in place
- Prisoner No
- Requires Life Saving Intervention? no
- ESI Triage Acuity level 3
- Arrival From Jail
- Mode of Arrival Police Ambulance
- Means of Arrival stretcher
- Accompanied By police
- Triage Historian EMS
- Spoken Language Preferred English

Chief Complaint:

- Chief Complaint FFC
- Chief Complaint Quote Abrasion left elbow.
- Pain - Evaluation or Reevaluation Evaluation
- Pain Scale Numeric 0 - No Pain

Vital Signs:

Vitals Signs:

- Temperature (degrees F) 99.1 degrees F
- Temperature (degrees C) 37.2 degrees C
- Temperature Oral
- Pulse 118
- Respiratory Rate 18
- O2 Saturation 95 %

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT	A-Rm32-C	73y	M
1399005H/6594543	BMI: 37.6	DSC	Mar-06-1945
Visit Date: Feb-07-2017 23:02			

- BP Blood pressure is unobtainable
- Patient Height actual or estimated? estimated
- Height inches 72 inch
- Height cm 182 cm
- Patient Weight is actual or estimated? estimated
- Weight lbs 300 lb
- Weight kg 136 kg
- BMI 41.1

Mental Status:

- Mental Status Alert

Sepsis:

- Sepsis tool Adult Sepsis Tool
- Does patient have any of the following? Notify a physician if patient has 3 or more HR>90
- Sepsis Triage Score 1

Advance Directives:

- Advanced Directive Not obtainable at this time

ELOPEMENT RISK:

- Is the patient an elopement risk? No

Allergy Intolerance/Adverse Event:

Allergies:

- No Known Allergies: Active

Allergy Bands:

- Allergy Band/Signs Applied: N/A

EPIDEMIC/PANDEMIC SURGE:

Can patient answer Epidemic/Pandemic questions? Yes .

Have you had a fever in the past 2 weeks? No .

Have you had cough in the past 2 weeks? No .

Have you had shortness of breath or difficulty breathing in the past 2 weeks? No .

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT A-Rm32-C 73y M
1399005H/6594543 BMI: 37.6 DSC Mar-06-1945 Visit Date: Feb-07-2017 23:02

Have you had a rash or unusual skin lesions in the past 2 weeks? No

HIV Test:

- Offering of HIV testing: Offered - patient declined

Pneumonia:

- Are symptoms suggestive of pneumonia No

SCREENINGS:

DOMESTIC VIOLENCE (Patients 12 years and older):

- Is anyone hurting you at home? no

EXPLOITATION (Patients 12 years and older):

- Is anyone misusing your money, food, housing, or not allowing you to obtain healthcare? no

SUICIDE:

- Do you have thoughts of hurting yourself or others? no
- Are you currently being treated for any psychiatric issues? no
- Have you recently suffered a recent loss or trauma? no
- Are you experiencing discomfort because you are withdrawing from drugs and/or alcohol? no

Electronic Signatures:

Altmann, Edward (Reg Nurse I) (Signed 07-Feb-17 23:58)

Authored: EBOLA RISK SCREEN, ARRIVAL INFO, TRIAGE, ALLERGIES, SCREENINGS

Last Updated: 07-Feb-17 23:58 by Altmann, Edward (Reg Nurse I)

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594543

BMI: 37.6

DSC

A-Rm32-C

Mar-06-1945

73y

M

Visit Date: Feb-07-2017 23:02

Authored: Feb-08-2017 00:16

ED Patient Discharge
Instructions (Complete)

Rankov, Leonid(MD)

Signed: Feb-08-2017 00:17

Instructions:

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself at home. PLEASE BRING THIS FORM TO YOUR NEXT APPOINTMENT WITH YOUR DOCTOR.

You were seen by Dr Rankov on 06-Feb-2017 00:17.

**Patient Currently Takes Medications as of 07-Jun-16 14:48 documented in Structured Notes*

Discharge Instructions:

- Discharge Activity resume normal activity
- Diet no restrictions, low salt, cardiac
- Check for These Symptoms and Call or Schedule Appointment with Provider fever, pain, withdrawal symptoms, vomiting

Teaching and Education:

Instructions Reviewed With patient
Check for These Symptoms and Call or Schedule Appointment with Provider fever, pain, withdrawal symptoms, vomiting

ED Discharge Time:

Patient Signature/Date: _____, 06-Feb-2017 00:17.

EMERGENCY IMAGING AND LAB RESULTS ARE ONLY PRELIMINARY:

- Emergency Imaging And Lab Results Are Only Preliminary
Emergency imaging and lab test results are only preliminary. You should follow up with Health Information Management/Medical Records Department to see if there were any changes in the reading of your imaging and lab tests by checking for official results. In order to receive official results, an authorization must be completed. Please contact the Health Information Management Department/Medical Record Department at 516-572-6446 or 516-572-8825 for more information. Please note, we are not permitted to give results over the telephone

Los resultados de las pruebas de emergencia son solo preliminares. Usted debe dar seguimiento con el Departamento de Registros Médicos y Sistema de Información de Salud para ver si hubo algún cambio en la lectura de su estudio por imágenes y (o) de laboratorio mediante la comprobación de los resultados oficiales. Para poder recibir resultados

Nassau Univ. Medical Center
Documents Review Report

Documents: ALL

BESEDIN, ROBERT

1399005H/6594543

A-Rm32-C

73y M

BMI: 37.6

DSC

Mar-06-1945

Visit Date: Feb-07-2017 23:02

oficiales se debe completar una autorización. Por favor póngase en contacto con el Departamento de Registros Médicos. Para mas información llame al Departamento de Registros Médicos al 516-572-6446 o al 516-572-8825. Por Favor tenga en cuenta que no estamos permitidos a dar resultados por teléfono.

NASSAU UNIVERSITY MEDICAL CENTER:

- Nassau University Medical Center
Emergency Department

Thank you for choosing us for your health care needs. Our team works to always meet or exceed your expectations for care. We wish you the best of health, but if you should need us anytime soon, we are here ready to provide you with the best possible care.

You will be receiving a Patient Satisfaction Survey in the mail. Please take a few minutes to complete and mail back this survey. Your feedback is important to us as we strive to continually improve our service.

Gracias por elegirnos para sus necesidades de atención médica. Nuestro equipo de profesionales de la salud trabaja para siempre satisfacer o superar sus expectativas para su cuidado. Le deseamos la mejor de la salud, pero, si nos necesita en cualquier momento, estamos aquí dispuestos a brindarle la mejor atención sanitaria posible.

Usted estará recibiendo una Encuesta de Satisfacción del Paciente en el correo. Por favor tome unos momentos para completar y enviar la encuesta. Su opinión es importante para nosotros y nos esforzamos por mejorar continuamente nuestro servicio.

Print Document:

PRINT:

- Print this document:

Yes

Electronic Signatures:

Rankov, Leonid (MD) (Signed 08-Feb-17 00:17)

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT	A-Rm32-C	73y	M
1399005H/6594543	BMI: 37.6	DSC	Mar-06-1945
			Visit Date: Feb-07-2017 23:02

Authored: Instructions, Print Document

Last Updated: 08-Feb-17 00:17 by Rankov, Leonid (MD)

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT	A-Rm32-C	73y	M
1899005H/6594543	BMI: 37.6	DSC	Mar-06-1945
Visit Date: Feb-07-2017 23:02			
Authored: Feb-08-2017 00:17	ED Fit For Confinement (Complete)	Rankov, Leonid (MD)	
Signed: Feb-08-2017 00:19			

Department of Emergency Medicine:

Fit for Confinement Form:

Date: 08-Feb-2017.

Please be advised the above patient was evaluated in the Emergency Department at NUMC on the date listed above .

The patient has been found Fit For Confinement.

pt refused from physical exam , has no active medical issues at present time , Vitals signs checked : BP 135/78, HR 98, O2 sat on RA 96.

See Discharge instructions .

PRINT:

PRINT:

• Print this document: Yes

Electronic Signatures:

Rankov, Leonid (MD) (Signed 08-Feb-17 00:19)

Authored: Department of Emergency Medicine, PRINT

Last Updated: 08-Feb-17 00:19 by Rankov, Leonid (MD)

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT 1399005H/6594543	BMI: 37.6	DSC	A-Rm32-C Mar-06-1945	73y M	Visit Date: Feb-07-2017 23:02
Authored: Feb-08-2017 00:17		ED Nurse Note (Complete)		Pogon, Janel (Reg Nurse II)	
Signed: Feb-08-2017 00:20					

TRIAGE:**Ebola Risk Screen:**

- Can patient answer Ebola questions? Yes ⁽¹⁾
- Any of the following symptoms? none ⁽¹⁾
- Travel to Ebola affected areas in the last month such as? no travel to known Ebola area ⁽¹⁾
- Exposure risk to Ebola? no known exposure ⁽¹⁾

CHIEF COMPLAINT:

- Chief Complaint FFC
- Chief Complaint Quote Abrasion left elbow.

Acuity:

- ESI Triage Acuity level 3

Vital Signs:**Vitals Signs:**

- Temperature (degrees F) 99.1 degrees F
- Temperature (degrees C) 37.2 degrees C
- Temperature Oral
- Pulse # 128
- Respiratory Rate 18
- O2 Saturation 95 %
- BP Blood pressure is unobtainable
- Patient Height actual or estimated? estimated
- Height inches 72 inch
- Height cm 182 cm
- Patient Weight is actual or estimated? estimated
- Weight lbs 299.82 lb
- Weight kg 136 kg
- BMI 41.1

EMS Info:

- Means of Arrival stretcher

Primary Survey:

- Airway open and patent
- Breathing spontaneous, unlabored and symmetrical
- Breath Sounds clear
- Circulation strong peripheral pulses with regular rhythm

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594543

BMI: 37.6

DSC

A-Rm32-C

Mar-06-1945

73y M

Visit Date: Feb-07-2017-23:02

- Skin Condition warm
- Skin Color normal for race
- Disability patient is alert, auditory deficit
- Placed on Cardiac Monitor? Yes
- Rhythm: rsr
- Placed on Pulse Oximeter? Yes
- SP02: 98

Pain Assessment:

- Pain - Evaluation or Reevaluation Evaluation
- Pain Scale Used Numerical
- Pain Scale Numeric 0 - No Pain

SUBJECTIVE HISTORY OF ILLNESS:

- Complaint The patient is a 71 year old Male complaining of FFC.

HISTORY:

Medication Reconciliation Assessment:

- Source of Medication List Primary care physician list

SCREENINGS:

EPIDEMIC/PANDEMIC SURGE:

Can patient answer Epidemic/Pandemic questions? Yes .

Have you had a fever in the past 2 weeks? No .

Have you had cough in the past 2 weeks? No .

Have you had shortness of breath or difficulty breathing in the past 2 weeks? No .

Have you had a rash or unusual skin lesions in the past 2 weeks? No .

SEPSIS:

- Sepsis tool Adult Sepsis Tool
- Does patient have any of the HR > 90
following? Notify a physician if patient
has 3 or more
- Sepsis Triage Score 1

HIV SCREENING:

- Offering of HIV testing: Offered - patient declined

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594543

BMI: 37.6

DSC

A-Rm32-C

Mar-06-1945

73y

M

Visit Date: Feb-07-2017 23:02

SUICIDE SCREENING:

SUICIDE:

- Do you have thoughts of hurting yourself or others? no
- Are you currently being treated for any psychiatric issues? no
- Have you recently suffered a recent loss or trauma? no
- Are you experiencing discomfort because you are withdrawing from drugs and/or alcohol? no

Advance Directives:

- Advanced Directive No

SCALES:

BRADEN SCALE:

- Mobility Status 4. no impairment
- Moisture 4. rarely moist
- Activity 4. walks frequently
- Friction/Shear 3. no apparent problem
- Nutritional Status 3. adequate
- Sensory Perception 3. slightly limited
- Braden Scale 24 hr Total Score 21

HENDRICH II FALL RISK MODEL Modified for NUMC:

- Confusion/Disorientation 0. No
- Depression 0. No
- Altered Elimination 0. No
- Dizziness/Vertigo 0. No
- Gender (MALE) 1. Yes
- Altered Mobility 0. No
- Any Antiepileptics (Anticonvulsants) 0. No
- Any Benzodiazepines 0. No
- Total Score 1

Disposition:

DISPOSITION INFORMATION:

- Disposition discharged

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1999005H/6594543 BMI: 37.6 DSC A-Rm32 C 73y M Visit Date: Feb-07-2017 23:02

- Discharge Type jail
- Patient Discharge Condition stable
- Brief Discharge Assessment alert and oriented to person, place and time
- Belongings Returned not applicable
- Accompanied By law enforcement officer(s)
- Mode of Discharge ambulatory
- Method of Transportation ambulate

SIGN OFFS:

SIGN OFF:

- Discharge Sign Off Nursing Document Complete

Electronic Signatures:

Pogan, Janet (Reg Nurse II) (Signed 08-Feb-17 00:20)

Authored: TRIAGE, PRIMARY SURVEY, PAIN ASSESSMENT, CHIEF COMPLAINT HISTORY, HISTORY, SCREENINGS, Disposition, SIGN OFFS

Last Updated: 08-Feb-17 00:20 by Pogan, Janet (Reg Nurse II)

References:

1. Data Referenced From "ED Triage" 2/7/2017 11:52 PM

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594543 BMI: 37.6 DSC A-Rm32-C 73y M
Mar-06-1945 Visit Date: Feb-07-2017 23:02
Authored: Feb-08-2017 00:21 ED Provider Note Rankov, Leonid(MD)
(Complete)
Signed: Feb-08-2017 00:35

Ebola Risk Screen:**Ebola Risk Screen:**

- Can patient answer Ebola questions? Yes ⁽¹⁾
- Any of the following symptoms? none ⁽¹⁾
- Travel to Ebola affected areas in the last month such as: no travel to known Ebola area ⁽¹⁾
- Exposure risk to Ebola? no known exposure ⁽¹⁾

Presenting Information:**TRIAGE INFORMATION:**

- Triage Historian EMS
- Accompanied By police
- Triage Information

Most recent Vital Sign	Value	Date
Temp (F):	99.1	02-07-2017 23:52
Temp (C):	37.2	02-07-2017 23:52
Heart Rate (beats/min):	128	02-07-2017 23:52
Respirations (breaths/min):	18	02-07-2017 23:52
Chief Complaint:	FFC	02-07-2017 23:52
Chief Complaints Quote:	Abrasion left elbow.	02-07-2017 23:52

- Spoken Language Preferred English

HISTORY OF PRESENT ILLNESS:

- Complaint The patient is a 71 year old Male complaining of FFC.
- Time Seen 07-Feb-2017 00:57
- Severity MILD
- Presenting Symptoms pt brought in for FFC
- Significant Negative Findings no specific complaints
- Objective Statement pt with h/o HTN , dyslipidemia, TIA brought in by police for fit for confinement , pt very aggressive, verbally abusive

Social History:

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT

1399005H/6594543

BMI: 37.6

DSC

A-Rm32-C

Mar-06-1945

73y

M

Visit Date: Feb-07-2017 23:02

Substance Use:

- Alcohol Use Status
- Smoking Status

unknown if alcohol used
Smoker, current status unknown

HISTORY ATTESTATION:

- Attestation Comment

I have reviewed and confirmed nurses' notes for patient's medications, allergies, medical history, and surgical history.

Review of Systems:

- All Other Systems
- Constitutional

Not Obtainable - unable to respond
comments pt refused to talk

Vital Signs:

Vital Signs (from VS Flowsheet):

Vital Signs:

07-Feb-17 23:52

Temperature (degrees C) 37.2
degrees C

Temperature Site Oral

Pulse Pulse/bpm 112B

O2 Saturation O2 95

Saturation %

Respiratory Rate RR /min 18

Pulse Pulse/bpm 12B

Respiratory Rate RR /min 18

PHYSICAL EXAM:

- CONSTITUTIONAL
- ENMT

Well developed, well nourished.

Airway patent, ears with clear tympanic membranes bilaterally. Nasal mucosa clear. Mouth with normal mucosa. Throat has no vesicles, no oropharyngeal exudates and uvula is midline. Face with no lymph node enlargement.

- CARDIAC

Normal rate, regular rhythm. Heart sounds S1, S2. No murmurs, rubs or gallops.

- RESPIRATORY

Breath sounds clear and equal bilaterally.

- Physical Examination

pt appears comfortable in bed, very aggressive, refused to answer questions, VS checked - BP 135/78, HR 98, RR 14, O2 sat 96 on RA

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594543

BMI: 37.6

DSC

A-Rm32-C

Mar-06-1945

73y

M

Visit Date: Feb-07-2017 23:02

ED Diagnosis:

- An ED diagnosis must be entered and ED Diagnosis Selected Below checked off below

ED DIAGNOSIS:

- General medical exam: Onset Date: 08-Feb-2017, ICD-10: Z00.00

DISCHARGE DISPOSTION:

- Disposition discharged
- Discharge Type jail
- Discharge Date and Time 08-Feb-2017 00:17

PROVIDER PAIN REASSESSMENT:

- Pain Scale Used Numerical

** Patient Currently Takes Medications as of 08-Feb-17 00:19 documented in Structured Notes*

DISCHARGE INSTRUCTIONS:

- Discharge Activity resume normal activity
- Diet no restrictions, low salt, cardiac
- Check for These Symptoms and Call fever, pain, withdrawal symptoms, vomiting or Schedule Appointment with Provider

Faculty Statement:

Faculty Statement:

- Attestation Attending Only
- Attending Only
- Attending only statement: I have performed a history and physical examination on this patient and I personally directed the management of the patient.

MEDICAL DECISION MAKING:

- Conducted a Detailed Discussion with need for outpatient follow-up Patient and/or Guardian Regarding
- Treatment Plan pt clinically appears NAD, has no active medical issues at present time, fit for confinement

Sign Offs:

Discharge Sign Off:

- Discharge Sign Off Attending Document Complete

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESIDIN, ROBERT	A-Rm32-C	73y	M
1399005H/6594543	BMI: 37.6	DSC	Mar-06-1945
			Visit Date: Feb-07-2017 23:02

Electronic Signatures:

Rankov, Leonid (MD) (Signed 08-Feb-17 00:35)

Authored: Ebola Risk Screen, Presenting Information, History of Present Illness, Social History, History Attestation, ROS, Vital Signs, Physical Exam, ED Diagnosis, Disposition, Instructions, Return to Work, Fax Follow-up, Faculty Statement, Medical Decision Making, Sign Offs

Last Updated: 08-Feb-17 00:35 by Rankov, Leonid (MD)

References:

1. Data Referenced From "ED Nurse Note" 8-Feb-2017 12:17 AM

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Pain Flowsheet

Patient Name	MRN	Admit Date/Time	Visit Status	Visit ID
BESEDIN, ROBERT	1399005H	02/07/2017 23:34:00	DSC	6594543
DOB: 03/06/1945 (73y)		Male	Provider:	

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By

Parameter	Result
-----------	--------

Medications

No Medications found.

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By

Parameter	Result
-----------	--------

PAIN EVALUATION

Pain - Evaluation or Reevaluation	02/07/2017 23:58	Altmann, Edward(Reg Nurse I)
-----------------------------------	------------------	------------------------------

Evaluation or Reevaluation	Evaluation
----------------------------	------------

Pain Scale Numeric	02/07/2017 23:58	Altmann, Edward(Reg Nurse I)
--------------------	------------------	------------------------------

Pain Scale Numeric	0 - No Pain
--------------------	-------------

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By

Parameter	Result
-----------	--------

PAIN EVALUATION

Pain - Evaluation or Reevaluation	02/08/2017 00:20	Pogan, Janet(Reg Nurse II)
-----------------------------------	------------------	----------------------------

Evaluation or Reevaluation	Evaluation
----------------------------	------------

Pain Scale Used	02/08/2017 00:20	Pogan, Janet(Reg Nurse II)
-----------------	------------------	----------------------------

Pain Scale Used	Numerical
-----------------	-----------

Pain Scale Numeric	02/08/2017 00:20	Pogan, Janet(Reg Nurse II)
--------------------	------------------	----------------------------

Pain Scale Numeric	0 - No Pain
--------------------	-------------

NoHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Vital Signs

Patient Name	MRN	Admit Date/Time	Visit Status	Visit ID	Provider:
BESEDIN, ROBERT	1399005H	02/07/2017 23:34:00	DSC	6594543	
DOB: 03/06/1945 (73y)	Male				

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	

Medications

No Medications found.

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	

VITAL SIGNS

Temperature (degrees C) 02/07/2017 23:58 Altmann, Edward(Reg Nurse I)

degrees C 37.2

Temperature 02/07/2017 23:58 Altmann, Edward(Reg Nurse I)

Site Oral

Pulse 02/07/2017 23:58 Altmann, Edward(Reg Nurse I)

Pulse/bpm 128

O2 Saturation 02/07/2017 23:58 Altmann, Edward(Reg Nurse I)

O2 Saturation % 95

Respiratory Rate 02/07/2017 23:58 Altmann, Edward(Reg Nurse I)

RR /min 18

Pulse 02/07/2017 23:58 Altmann, Edward(Reg Nurse I)

Pulse/bpm 128

Respiratory Rate 02/07/2017 23:58 Altmann, Edward(Reg Nurse I)

RR /min 18

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	

VITAL SIGNS

BP Systolic 02/08/2017 00:24 Pogan, Janet(Reg Nurse II)

Systolic 135

BP Diastolic 02/08/2017 00:24 Pogan, Janet(Reg Nurse II)

Diastolic 83

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
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Patient Name	MRN	Admit Date/Time	Visit Status	Visit ID	Provider
BESEDIN, ROBERT	1399005H	02/07/2017 23:34:00	DSC	6594543	
DOB: 03/06/1945 (73y)		Male			

Pulse 02/08/2017 00:24 Pogan, Janet(Reg Nurse II)

Pulse/bpm 93

PULSE QUALITY 02/08/2017 00:24 Pogan, Janet(Reg Nurse II)

Pulse Quality strong

O2 Saturation 02/08/2017 00:24 Pogan, Janet(Reg Nurse II)

O2 Saturation % 99

Respiratory Rate 02/08/2017 00:24 Pogan, Janet(Reg Nurse II)

RR /min 19

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554
<http://www.numc.edu/> Physician Order Summary

<u>MRN</u>	<u>Visit ID</u>	<u>Patient Name</u>	<u>Admit DTM</u>	<u>Discharge DTM</u>
1399005H	6594854	BESEDIN, ROBERT	2/8/2017 10:20:00 AM	2/8/2017 2:44:00 PM

Order Category: All

Shoulder Complete Min 2 Views Right

8-Feb-2017 12:02

Requested By: Karmin, Rianne

Clinical Indication: right shoulder pain after assault
 Contact#/Pager: 62400
 Diagnosis: M25.511 Right shoulder pain; M25.522 Pain and swelling of left elbo
 Priority: ASAP
 Requested Date: Feb 8 2017
 Transport Method: STRCTH
 Weight (kg): 136

Elbow 3 Or More Views Left

8-Feb-2017 12:02

Requested By: Karmin, Rianne

Clinical Indication: left shoulder pain after assault
 Contact#/Pager: 62400
 Diagnosis: M25.511 Right shoulder pain; M25.522 Pain and swelling of left elbo
 Priority: ASAP
 Requested Date: Feb 8 2017
 Transport Method: STRCTH
 Weight (kg): 136

Shoulder Complete Min 2 Views Left

8-Feb-2017 12:02

Requested By: Karmin, Rianne

Clinical Indication: left shoulder pain after assault
 Contact#/Pager: 62400
 Diagnosis: R03.0 Elevated blood pressure readin; Z79.899 Medication management; M25.511 Right shoulder pain; M25.522 Pain and swelling of left elbo
 Priority: ASAP
 Transport Method: STRCTH
 Weight (kg): 136

Shoulder Complete Min 2 Views Left

8-Feb-2017 13:02

Requested By: Karmin, Rianne

Priority: Routine

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554
<http://www.numc.edu/> Physician Order Summary

Orders: All orders for this chart for order dates from 08-Feb-2017

BESEDIN, ROBERT	B-Rm23-A	73y M	
Height: 170 cm, Weight: 108.8kg, BMI: 37.6	06-Mar-1945	DSC	3228970 / 1399005H / 6594854

Length of stay: 0 day(s)

Admit date: 2/8/2017

08-Feb-2017 10:57

Requested By: Karmin, Rianne (Physicians Assistant I)

amlodipine PO	08-Feb-2017 10:54	Completed	08-Feb-2017 11:20
Tablet - NORVASC PO			
Give:10 mg Oral Once			
losartan PO	08-Feb-2017 10:54	Completed	08-Feb-2017 11:20
Tablet - COZAAR PO			
Give:50 mg Oral Once			
rosuvastatin PO (Restricted Indication)	08-Feb-2017 10:56	Discontinued via Patient Discharge	08-Feb-2017 14:44
Tablet - CRESTOR PO			
Give:20 mg Oral Daily			
Date Due to Review:20-Feb-2017, 00:00			
aspirin/dipyridamole PO	08-Feb-2017 10:56	Completed	08-Feb-2017 11:20
25 mg- 200 mg capsule - AGGRENOX 200 PO			
Give:1 Capsule(s) Oral Once			
Nurse Instructions: Swallow whole; do not crush or chew.			
May be given with or without food.			

08-Feb-2017 11:33

Requested By: Karmin, Rianne (Physicians Assistant I)

ED Discharge Order	08-Feb-2017 11:33	Discontinued via Patient Discharge	08-Feb-2017 14:44
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08-Feb-2017 12:07

Requested By: Karmin, Rianne (Physicians Assistant I)

Shoulder Complete Min 2 Views Right	08-Feb-2017 12:33	1 or more Final Results Received
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Transport by: STRCTH		
Elbow 3 Or More Views Left	08-Feb-2017 12:33	1 or more Final Results Received

Transport by: STRCTH

08-Feb-2017 12:45

Requested By: Karmin, Rianne (Physicians Assistant I)

Shoulder Complete Min 2 Views Left	08-Feb-2017 13:58	1 or more Final Results Received
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Transport by: STRCTH

08-Feb-2017 13:55

Requested By: Karmin, Rianne (Physicians Assistant I / entered by: interfaces (IT))

Shoulder Complete Min 2 Views Left	08-Feb-2017 13:45	Interim Results Received
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NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554
<http://www.numc.edu/> Physician Order Summary

Orders: All orders for this chart for order dates from 08-Feb-2017

BESEDIN, ROBERT	B-Rm23-A	73y	M	
Height: 170 cm, Weight: 108.8kg, BMI: 37.6	06-Mar-1945	DSC	3228970 / 1399005H / 6594854	

Length of stay: 0 day(s)

Admit date: 2/8/2017

09-Feb-2017 14:44

Requested By: (/ entered by: services (IT))

Discontinued

rosuvastatin PO (Restricted Indication)

08-Feb-2017 10:56

Discontinued via Patient Discharge

08-Feb-2017 14:44

Tablet - CRESTOR PO
 Give:20 mg Oral Daily
 Date Due to Review:20-Feb-2017, 00:00
 Patient discharged - 08-Feb-2017 14:44.

09-Feb-2017 14:44

Requested By: (/ entered by: services (IT))

Discontinued

ED Discharge Order

08-Feb-2017 11:33

Discontinued via Patient Discharge

08-Feb-2017 14:44

Patient discharged - 08-Feb-2017 14:44.

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Report Date

Shoulder Complete Min 2 Views Right

Order Entered Date : 02/08/2017 12:33

Collection Date : Not Available

Received Date : Not Available

02/08/2017 13:01

**Shoulder Complete Min 2 Views
Right**

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Report Date

Shoulder Complete Min 2 Views Right

Order Entered Date : 02/08/2017 12:33

Collection Date : Not Available

Received Date : Not Available

02/08/2017 17:04

Exam Report

1

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Shoulder Complete Min 2 Views Right

Order Entered Date : 02/08/2017 12:33

Collection Date : Not Available

Received Date : Not Available

Nassau Health Care Corporation
NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike East Meadow, NY 11554
(516) 572-6635
Department of Radiology
Final

Patient: BESEDIN, ROBERT 71Y M MRN: 1399005H
Loc: EMS-TR DOB: 03/06/1945
Dr: KARMIN, RIANNE Date of Exam: 02/08/2017
Order #: CR7909-17 SHOULDER COMPLETE MIN 2 VIEWS RIGHT
The undersigned attending reviewed and agreed with the interpretation.

=====

EXAMINATION:

RIGHT SHOULDER RADIOGRAPHS: Internal rotation, External rotation,
Scapular Y-view

HISTORY:

right shoulder pain after assault

COMPARISON:

None provided

FINDINGS:

No acute fracture or dislocation. Degenerative changes of the right
acromioclavicular joint.

Mild osteopenia is noted.

No air or radiopaque foreign body identified in the adjacent soft
tissues.

IMPRESSION:

No acute fracture or dislocation.

ICD-10 Code: M79.609

Dictated on: 02/08/2017 13:00:22
Reviewed by: MAHER, ASIM
Dictated by: ROSEN, JOEL

Printed by: Gomez, Martha (Auditor)
24-Oct-18 17:52

Printed From: Nassau Univ. Medical Center

Page: 3 of 10

Besedin 0211

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Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Report Date

Elbow 3 Or More Views Left

Order Entered Date : 02/08/2017 12:33

Collection Date : Not Available

Received Date : Not Available

02/08/2017 13:01

Elbow 3 Or More Views Left

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Report Date

Elbow 3 Or More Views Left

Order Entered Date : 02/08/2017 12:33

Collection Date : Not Available

Received Date : Not Available

02/08/2017 17:08

Exam Report

Printed by: Gomez, Martha (Auditor)

24-Oct-18 17:52

Printed From: Nassau Univ. Medical Center

Page: 5 of 10

Besedin 0213

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
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Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Nassau Health Care Corporation
NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike East Meadow, NY 11554
(516) 572-6635
Department of Radiology
Final

Patient:BESEDIN,ROBERT 71Y M MRN:1399005H

Loc:EMS-TR DOB:03/06/1945

Dr:KARMIN, RIANNE Date of Exam:02/08/2017

Order #: CR7910-17 ELBOW 3 OR MORE VIEWS LEFT

The undersigned attending reviewed and agreed with the interpretation.

=====

EXAMINATION:

LEFT ELBOW RADIOGRAPHS: AP, Lateral

HISTORY:
left shou

COMPARISON:
None provided

FINDINGS:
There are calcific densities adjacent to the condyles which may represent tendon calcification related to old injuries.

No acute fracture or dislocation.

Mild osteopenia is noted.

There is a possible small elbow joint effusion which raise the possibility of an occult fracture.

IMPRESSION:
No acute fracture dislocation is identified.

There is a possible small elbow joint effusion which raise the possibility of an occult fracture. Clinical and radiographic follow up suggested.

ICD-10 Code: M79.609

Dictated on: 02/08/2017 12:53:20
Reviewed by: MAHER, ASIM
Dictated by: ROSEN, JOEL

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Report Date

Shoulder Complete Min 2 Views Left

Order Entered Date : 02/08/2017 13:45

Collection Date : Not Available

Received Date : Not Available

02/08/2017 13:55

Shoulder Complete Min 2 Views
Left

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Report Date

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Report Date

Shoulder Complete Min 2 Views Left

Order Entered Date : 02/08/2017 13:58

Collection Date : Not Available

Received Date : Not Available

02/08/2017 17:46

Exam Report

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Results Report - Sorted by Order Type

All results performed dates from 08-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6594854

DSC

B-Rm23-A

()

Report Date

Shoulder Complete Min 2 Views Left

Order Entered Date : 02/08/2017 13:58

Collection Date : Not Available

Received Date : Not Available

Nassau Health Care Corporation
NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike East Meadow, NY 11554
(516) 572-6635
Department of Radiology
Final

Patient: BESEDIN, ROBERT 71Y M MRN: 1399005H
Loc: EMS-TR DOB: 03/06/1945
Dr: KARMIN, RIANNE Date of Exam: 02/08/2017
Order #: CR7934-17 SHOULDER COMPLETE MIN 2 VIEWS LEFT
The undersigned attending reviewed and agreed with the interpretation.

=====

EXAMINATION:

LEFT SHOULDER RADIOGRAPHS: AP, Lateral, Oblique

HISTORY:

left shoulder pain after assault

COMPARISON:

None provided.

FINDINGS:

No acute fracture or dislocation.

There is diffuse osteopenia. Degenerative change of the left acromioclavicular joint.

No radiopaque foreign body identified in the adjacent soft tissues.

IMPRESSION:

No acute fracture or dislocation.

ICD-10 Code: M79.609

Dictated on: 02/08/2017 14:21:58
Reviewed by: MAHER, ASIM
Dictated by: ROSEN, JOEL

Printed by: Gomez, Martha (Auditor)
24-Oct-18 17:52

Printed From: Nassau Univ. Medical Center
End of Report

Page: 10 of 10

Besedin 0218

Nassau Univ. Medical Center
Documents Review Report

Documents: ALL

BESEDIN, ROBERT
1399005H/6594854

BMI: 37.6

DSC

B-Rm23-A

Mar-06-1945

73y

M

Feb-08-2017

Visit Date: Feb-08-2017 10:02

Authored: Feb-08-2017 10:25

ED Triage (Complete)

Williamsen, Barbara (Reg Nurse
II)

Signed: Feb-08-2017 10:27

EBOLA RISK SCREEN:

Ebola Risk Screen:

- Can patient answer Ebola questions? Yes
- Any of the following symptoms? none
- Travel to Ebola affected areas in the last month such as: no travel to known Ebola area
- Exposure risk to Ebola? no known exposure

ARRIVAL INFO:

- Patient ID check: ROBERT BESEDIN is a 71 yr old Male. Date of Birth is 06-Mar-1945
- Arrival Time: 08-Feb-2017 10:20
- Triage Time: 08-Feb-2017 10:25
- ID Band: ID Band in place
- Prisoner: Yes
- ESI Triage Acuity level: 4
- Is patient Fast Track? No
- Arrival From: JAIL
- Mode of Arrival: Police
- Means of Arrival: Ambulatory
- Significant Past Medical/Surgical History: Hypertension
- Triage Historian: EMS
- Spoken Language Preferred: English

Chief Complaint:

- Chief Complaint: FFC
- Chief Complaint Quote: FFC NEEDS BP MEDS AMLODOPINE ?
- Pain - Evaluation or Reevaluation: Evaluation
- Pain Scale Numeric: 0 - No Pain

Vital Signs:

Vitals Signs:

- Temperature (degrees F): 99 degrees F
- Temperature (degrees C): 37.2 degrees C
- Temperature: Oral
- Pulse: # 114
- Respiratory Rate: 20

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESSEDIN, ROBERT	BMI: 37.6	DSC	B-Rm23-A	73y	M	Visit Date : Feb-08-2017 10:02
1399005H/6594854			Mar-06-1945			

- O2 Saturation 97 %
- BP Systolic ↑ 154
- BP Diastolic 80
- Patient Height actual or estimated? estimated
- Height inches 71 inch
- Height cm 182 cm
- Patient Weight is actual or estimated? estimated
- Weight lbs 299.82 lb
- Weight kg 136 kg
- BMI 41.1

Mental Status:

- Mental Status A+OX3

Sepsis:

- Sepsis tool Adult Sepsis Tool
- Does patient have any of the following? Notify a physician if patient has 3 or more N/A
- Sepsis Triage Score 0

Advance Directives:

- Advanced Directive No

ELOPEMENT RISK:

- Is the patient an elopement risk? No

Allergy Intolerance/Adverse Event:

Allergies:

- No Known Allergies: Active

Allergy Bands:

- Allergy Band/Signs Applied: N/A

EPIDEMIC/PANDEMIC SURGE:

Can patient answer Epidemic/Pandemic questions? Yes .

Have you had a fever in the past 2 weeks? No .

Have you had cough in the past 2 weeks? No .

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT	B-Rm23-A	73y	M
1399005H/6594854	BMI: 37.6	DSC	Mar-06-1945
			Visit Date: Feb-08-2017 10:02

Have you had shortness of breath or difficulty breathing in the past 2 weeks? No .

Have you had a rash or unusual skin lesions in the past 2 weeks? No .

HIV Test:

• Offering of HIV testing: Offered - patient declined

Pneumonia:

• Are symptoms suggestive of pneumonia No

SCREENINGS:

DOMESTIC VIOLENCE (Patients 12 years and older):

• Is anyone hurting you at home? no

EXPLOITATION (Patients 12 years and older):

• Is anyone misusing your money, food, housing, or not allowing you to obtain healthcare? no

SUICIDE:

• Do you have thoughts of hurting yourself or others? no

• Are you currently being treated for any psychiatric issues? no

• Have you recently suffered a recent loss or trauma? no

• Are you experiencing discomfort because you are withdrawing from drugs and/or alcohol? no

Electronic Signatures:

Williamsen, Barbara (Reg Nurse II) (Signed 08-Feb-17 10:27)

Authored: EBOLA RISK SCREEN, ARRIVAL INFO, TRIAGE, ALLERGIES, SCREENINGS

Last Updated: 08-Feb-17 10:27 by Williamsen, Barbara (Reg Nurse II)

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594854 BMI: 37.6 DSC B-Rm23-A 73y M Mar-06-1945 Visit Date: Feb-08-2017 10:02

Authored: Feb-08-2017 11:12

ED Nurse Note
(Complete)

Franco, Heather (Reg Nurse I)

Revised

Signed: Feb-08-2017 11:14

TRIAGE:

Ebola Risk Screen:

- Can patient answer Ebola questions? Yes ⁽¹⁾
- Any of the following symptoms? none ⁽¹⁾
- Travel to Ebola affected areas in the last month such as: no travel to known Ebola area ⁽¹⁾
- Exposure risk to Ebola? no known exposure ⁽¹⁾

CHIEF COMPLAINT:

- Chief Complaint FFC
- Chief Complaint Quote FFC NEEDS BP MEDS AMLODOPINE ?

Acuity:

- ESI Triage Acuity level 4

Vital Signs:

Vitals Signs:

- Temperature (degrees F) 99 degrees F
- Temperature (degrees C) 37.2 degrees C
- Temperature Oral
- Pulse # 114
- Respiratory Rate 20
- O2 Saturation 97 %
- BP Systolic † 154
- BP Diastolic 80
- Patient Height actual or estimated? estimated
- Height inches 71 inch
- Height cm 180 cm
- Patient Weight is actual or estimated? estimated
- Weight lbs 299.82 lb
- Weight kg 136 kg
- BMI 42

EMS Info:

- Means of Arrival Ambulatory

Primary Survey:

- Airway open and patent
- Breathing spontaneous, unlabored and symmetrical
- Breath Sounds clear

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT	B-Rm23-A	73y	M
1099005H/6594854	BMI: 37.6	DSC	Mar-06-1945
			Visit Date: Feb-08-2017 10:02

- Circulation strong peripheral pulses with regular rhythm
- Skin Condition warm
- Skin Color normal for race
- Disability confused
- Placed on Cardiac Monitor? No
- Placed on Pulse Oximeter? No

PROGRESS NOTE:

• Progress Note

pt alert with confusion. evaluated by pa. medication given as ordered. no distress noted. ---- h franco rn
1134- abrasion noted to left elbow, left flank, right flank, left posterior upper arm. pt c/o left elbow pain and right
shoulder pain. pa notified. ----- h franco rn

Pain Assessment:

- Pain - Evaluation or Reevaluation Evaluation
- Pain Scale Used Numerical
- Pain Scale Numeric 0 - No Pain

SUBJECTIVE HISTORY OF ILLNESS:

- Complaint The patient is a 71 year old Male complaining of FFC.

HISTORY:

Medication Reconciliation Assessment:

- Source of Medication List Unable to Obtain

SCREENINGS:

EPIDEMIC/PANDEMIC SURGE:

Can patient answer Epidemic/Pandemic questions? Yes .

Have you had a fever in the past 2 weeks? No .

Have you had cough in the past 2 weeks? No .

Have you had shortness of breath or difficulty breathing in the past 2 weeks? No .

Have you had a rash or unusual skin lesions in the past 2 weeks? No .

Have you traveled outside or had close contact with someone who has traveled recently outside of the United States, in the past 2 weeks? No .

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT B-Rm23-A 73y M
1399005H/6594854 BMI: 37.6 DSC Mar-06-1945 Visit Date: Feb-08-2017 10:02

Are you a healthcare worker who has a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? No.

Do any of the people who you have close contact with at home, work or you friends have the same symptoms? No.

SEPSIS:

- Sepsis tool Adult Sepsis Tool
- Does patient have any of the following? Notify a physician if patient has 3 or more N/A
- Sepsis Triage Score 0

HIV SCREENING:

- Offering of HIV testing: Offered - patient declined

SUICIDE SCREENING:

SUICIDE:

- Do you have thoughts of hurting yourself or others? no
- Are you currently being treated for any psychiatric issues? no
- Have you recently suffered a recent loss or trauma? no
- Are you experiencing discomfort because you are withdrawing from drugs and/or alcohol? no

Advance Directives:

- Advanced Directive No

SCALES:

BRADEN SCALE:

- Mobility Status 4. no impairment
- Moisture 4. rarely moist
- Activity 4. walks frequently
- Friction/Shear 3. no apparent problem
- Nutritional Status 4. excellent
- Sensory Perception 4 no impairment
- Braden Scale 24 hr Total Score 29

HENDRICH II FALL RISK MODEL Modified for NUMC:

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT 1399005H/6594854	BMI: 37.6	DSC	B-Rm23-A Mar-06-1945	73y M	Visit Date: Feb-08-2017 10:02
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- Confusion/Disorientation ☐ No
- Depression ☐ No
- Altered Elimination ☐ No
- Dizziness/Vertigo ☐ No
- Gender (MALE) ☐ No
- Altered Mobility ☐ No
- Any Antiepileptics (Anticonvulsants) ☐ No
- Any Benzodiazepines ☐ No
- Total Score ☐ 0
- Score of 5 or more indicates a risk for falls After Assessment Deemed Not At Risk

GLASGOW COMA SCALE:

- EYE OPENING 4 - spontaneous
- MOTOR RESPONSE 6 - obeys commands
- VERBAL 5 - oriented X3
- SCORE 15

Disposition:

DISPOSITION INFORMATION:

- Disposition discharged
- Discharge Type jail
- Patient Discharge Condition stable
- Brief Discharge Assessment patient baseline mental status
- Mode of Discharge ambulatory
- Method of Transportation ambulate

DISCHARGE INSTRUCTIONS:

- Discharge Meds Reviewed yes
- Instructions Reviewed With patient
- Response to Teaching questions
- Exit Care Instructions Provided yes
- Date/Time Provided 08-Feb-2017 15:00
- Information Provided dc instructions
- Discharge Activity resume normal activity
- Discharge Diet no restrictions
- ED Bed Status Bed Available To be Cleaned

SIGN OFFS:

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT 1399005H/6594854	BMI: 37.6	DSC	B-Rm23-A Mar-06-1945	73y M	Visit Date: Feb-08-2017 10:02
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SIGN OFF:

- Discharge Sign Off Nursing Document Complete

Electronic Signatures:

Franco, Heather (Reg Nurse I) (Signed 08-Feb-17 15:00)

Authored: TRIAGE, PRIMARY SURVEY, PAIN ASSESSMENT, CHIEF COMPLAINT HISTORY, HISTORY, SCREENINGS, Disposition, SIGN OFFS

Last Updated: 08-Feb-17 15:00 by Franco, Heather (Reg Nurse I)

References:

1. Data Referenced From "ED Triage" 2/8/2017 10:25 AM

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT		B-Rm23-A		73y	M
1399005H/6594854	BMI: 37.6	DSC	Mar-06-1945	Visit Date : Feb-08-2017 10:02	
Authored : Feb-08-2017 11:01	ED Provider Note (Complete)		Karmin, Rianne(Physicians Asslsant:I)		**Revised**
Signed : Feb-08-2017 16:12					

Ebola Risk Screen:**Ebola Risk Screen:**

- Can patient answer Ebola questions? Yes ⁽¹⁾
- Any of the following symptoms? none ⁽¹⁾
- Travel to Ebola affected areas in the last month such as: no travel to known Ebola area ⁽¹⁾
- Exposure risk to Ebola? no known exposure ⁽¹⁾

Presenting Information:**TRIAGE INFORMATION:**

- Triage Historian EMS
- Triage Information

Most recent Vital Sign	Value	Date
Temp (F):	99	02-08-2017 10:25
Temp (C):	37.2	02-08-2017 10:25
Heart Rate (beats/min):	114	02-08-2017 10:25
Respirations (breaths/min):	20	02-08-2017 10:25
BP Systolic (mm Hg):	154	02-08-2017 10:25
BP Diastolic (mm Hg):	80	02-08-2017 10:25
Chief Complaint:	FFC	02-08-2017 10:25
Chief Complaints Quote:	FFC NEEDS BP MEDS AMLODOPINE ?	02-08-2017 10:25

- Spoken Language Preferred English

HISTORY OF PRESENT ILLNESS:

- Complaint The patient is a 71 year old Male complaining of FFC.
- Time Seen 08-Feb-2017 11:04
- Severity MILD
- Presenting Symptoms elevated bp
- Objective Statement 71 y/o male PMHX: Hard of hearing, TBI, mild dementia, alcohol abuse, HTN, High cholesterol BIB NCPD handcuffed, under arrest, for assaulting a

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594854

BMI: 37.6

DSC

B-Rm23-A

Mar-06-1945

73y

M

Visit Date: Feb-08-2017 10:02

police officer yesterday while drinking alcohol. States he got thrown against stairs and c/o right and left shoulder pain and left elbow pain. Up to date on tetanus as per pt. Pt states he needs his medications. Denies cp, SOB, fever, vision changes, n/v/d.

Past Medical History:

Past Med Hx:

- **Mild dementia (F03.90):** Display Name: Unspecified dementia without behavioral disturbance, Status: Active, Scope: General, ICD-10: F03.90
- **Alcohol abuse (F10.10):** Display Name: Alcohol abuse, uncomplicated, Status: Active, Scope: General, ICD-10: F10.10
- **Hard of hearing (H91.90):** Display Name: Unspecified hearing loss, unspecified ear, Status: Active, Scope: General, ICD-10: H91.90
- **High cholesterol (E78.00):** Display Name: Pure hypercholesterolemia, unspecified, Status: Active, Scope: General, ICD-10: E78.00
- **CVA (cerebral vascular accident) (I63.9):** Display Name: Cerebral infarction, unspecified, Status: Active, Scope: General, ICD-10: I63.9
- **TBI (traumatic brain injury) (S06.9X9A):** Display Name: Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter, Status: Active, Scope: General, ICD-10: S06.9X9A
- **Hypertension (I10):** Display Name: Essential (primary) hypertension, Status: Active, Scope: General, ICD-10: I10

Past Surgical History:

Past Surg Hx:

- **S/P wrist surgery (Z98.890):** Display Name: Other specified postprocedural states, Status: Active, Scope: General, ICD-10: Z98.890

Family History Non Contributory:

- **Is family history non contributory** Family history is non contributory

Allergy, Intolerance, Adverse Event:

Allergies:

- **No Known Allergies:** Active

Outpatient Medication, Review/Add Meds:

** Patient Currently Takes Medications as of 08-Feb-17 00:19 documented in Structured Notes*

amlodipine 10 mg oral tablet: Rx, 1 tab(s) orally once a day, Schedule: 0, Status: Active

aspirin-dipyridamole 25 mg-200 mg oral capsule, extended release: Rx, 1 cap(s) orally every 12 hours, Schedule: 0, Status: Active

Social History:

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594854 RMI: 37.6 DSC B-Rm23-A 73y M Mar-06-1945 Visit Date: Feb-08-2017 10:02

Substance Use:

- Alcohol Use Status current alcohol
- Smoking Status Current some day smoker

HISTORY ATTESTATION:

- Attestation Comment I have reviewed and confirmed nurses' notes for patient's medications, allergies, medical history, and surgical history.

Review of Systems:

- All Other Systems NEGATIVE
- Ear POSITIVE: hearing loss

Vital Signs:**Vital Signs (from VS Flowsheet):****Vital Signs:**

08-Feb-17 10:25
BP Systolic Systolic † 154
BP Diastolic Diastolic 80
Temperature (degrees C) 37.2
degrees C
Temperature Site Oral
Pulse Pulse/bpm † 114
O2 Saturation O2 97
Saturation %
Respiratory Rate RR /min 20
Pulse Pulse/bpm 114
Respiratory Rate RR /min 20
BP Systolic Systolic 154
BP Diastolic Diastolic 80

PHYSICAL EXAM:

- CONSTITUTIONAL Well developed, well nourished in NAD.
Airway patent, Face with no lymph node enlargement.
- EYES Clear bilaterally, pupils equal, round and reactive to light.
- CARDIAC tachycardic. Heart sounds S1, S2. No murmurs, rubs or gallops.
- RESPIRATORY Breath sounds clear and equal bilaterally.

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594854

BMI: 37.6

DSC

B-Rm23-A

Mar-06-1945

73y

M

Visit Date : Feb-08-2017 10:02

- **GASTROINTESTINAL** Abdomen soft, non-distended, no rebound, non-tender, no guarding. Bowel sounds normal in all 4 quadrants.
- **MUSCULOSKELETAL** Spine appears normal, b/l shoulder tenderness generalized with dec ROM. Left elbow with abrasion and dry blood present. Tender left olecranon.
- **NEUROLOGICAL** Alert and oriented, no focal deficits, no motor or sensory deficits.
- **SKIN** Skin normal color for race, warm, dry and intact. No evidence of trauma.
- **PSYCHIATRIC** no apparent risk to self or others.

CURRENT ORDERS/ORDER ENTRY:

- amlodipine PO, Tablet - NORVASC PO
Give:10 mg Oral Once, 08-Feb-2017, Active, 09-Feb-2017, Standard
- losartan PO, Tablet - COZAAR PO
Give:50 mg Oral Once, 08-Feb-2017, Active, 09-Feb-2017, Standard
- aspirin/dipyridamole PO, 25 mg- 200 mg capsule - AGGRENOX 200 PO
Give:1 Capsule(s) Oral Once
Nurse Instructions: Swallow whole; do not crush or chew.
May be given with or without food. 08-Feb-2017, Active, 09-Feb-2017, Standard
- rosuvastatin PO (Restricted Indication), Tablet - CRESTOR PO
Give:20 mg Oral Daily
Date Due to Review:20-Feb-2017, 00:00, 08-Feb-2017, Active, 22-Feb-2017, Standard
- Shoulder Complete Min 2 Views Left, Transport by: STRC TH, 08-Feb-2017, Pending, Standard

Diagnostic Imaging Results Review:

DIAGNOSTIC IMAGING AND OTHERS:

General:

08-Feb-17 12:33, Elbow 3 Or More Views Left
Exam Report

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT	B-Rm23-A	73y	M	Visit Date: Feb-08-2017 10:02
1399005H/6594854	BMI: 37.6	DSC	Mar-06-1945	

Nassau Health Care Corporation
NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike East Meadow, NY 11554
(516) 572-6635
Department of Radiology
Preliminary

Patient: BESEDIN, ROBERT 71Y M MRN: 1399005H
Loc: EMS-TR DOB: 03/06/1945
Dr: KARMIN, RIANNE Date of Exam: 02/08/2017
Order #: CR7910-17 ELBOW 3 OR MORE VIEWS LEFT
The undersigned attending reviewed and agreed with the interpretation.

THIS IS A PRELIMINARY REPORT AND HAS NOT BEEN REVIEWED BY THE
UNDERSIGNING ATTENDING.

EXAMINATION:
LEFT ELBOW RADIOGRAPHS: AP, Lateral

HISTORY:
left shou

COMPARISON:
None provided

FINDINGS:
There are cortical densities adjacent to the capitellum likely
represent osteophytes.

No acute fracture or dislocation.

Mild osteopenia is noted.

No air or radiopaque foreign body identified in the adjacent soft
tissues.

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594854

BMI: 37.6

DSC

B-Rm23-A

Mar-06-1945

73y M

Visit Date: Feb-08-2017 10:02

IMPRESSION:

No acute fracture dislocation.

ICD-10 Code:

Dictated on: 02/08/2017 12:53:20

Reviewed by: MAHER, ASIM

Elbow 3 Or More Views

Left

08-Feb-17 12:33, Shoulder Complete Min 2 Views Right
Exam Report

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT B-Rm23-A 73y M
1399005H/6594854 BMI: 37.6 DSC Mar-06-1945 Visit Date : Feb-08-2017 10:02

Nassau Health Care Corporation
NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike East Meadow, NY 11554
(516) 572-6635
Department of Radiology
Preliminary

Patient: BESEDIN, ROBERT 71Y M MRN: 1399005H
Loc: EMS-TR DOB: 03/06/1945
Dr: KARMIN, RIANNE Date of Exam: 02/08/2017
Order #: CR7909-17 SHOULDER COMPLETE MIN 2 VIEWS RIGHT
The undersigned attending reviewed and agreed with the interpretation.

THIS IS A PRELIMINARY REPORT AND HAS NOT BEEN REVIEWED BY THE
UNDERSIGNING ATTENDING.

EXAMINATION:
RIGHT SHOULDER RADIOGRAPHS: Internal rotation, External rotation,
Scapular Y-view

HISTORY:
right shoulder pain after assault

COMPARISON:
None provided

FINDINGS:
No acute fracture or dislocation. Degenerative changes of the right
acromioclavicular joint.

Mild osteopenia is noted.

No air or radiopaque foreign body identified in the adjacent soft
tissues.

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT

1399005B/6594854

BMI: 37.6

DSC

B-Rm23-A

Mar-06-1945

73y

M

Visit Date : Feb-08-2017 10:02

IMPRESSION:

No acute fracture or dislocation.

ICD-10 Code:

Dictated on: 02/08/2017 13:00:22

Reviewed by: MAHER, ASIM

Shoulder Complete Min 2

Views Right

08-Feb-17 13:45, Shoulder Complete Min 2 Views Left

Shoulder Complete Min 2

Views Left

08-Feb-17 13:58, Shoulder Complete Min 2 Views Left

Exam Report

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT	B-Rm23-A	73y	M
1399005H/6394854	BMI: 37.6	DSC	Mar-06-1945
			Visit Date : Feb-08-2017 10:02

Nassau Health Care Corporation
NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike East Meadow, NY 11554
(516) 572-6635
Department of Radiology
Preliminary

Patient: BESEDIN, ROBERT 71Y M MRN: 1399005H
Loc: EMS-TR DOB: 03/06/1945
Dr: KARMIN, RIANNE Date of Exam: 02/08/2017
Order #: CR7934-17 SHOULDER COMPLETE MIN 2 VIEWS LEFT
The undersigned attending reviewed and agreed with the interpretation.

THIS IS A PRELIMINARY REPORT AND HAS NOT BEEN REVIEWED BY THE
UNDERSIGNING ATTENDING.

EXAMINATION:
LEFT SHOULDER RADIOGRAPHS: AP, Lateral, Oblique

HISTORY:
left shoulder pain after assault

COMPARISON:
None provided.

FINDINGS:
No acute fracture or dislocation.

There is diffuse osteopenia. Degenerative change of the left
acromioclavicular joint.

No radiopaque foreign body identified in the adjacent soft tissues.

IMPRESSION:
No acute fracture or dislocation.

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT 1399005H/6594854	BMI: 37.6	DSC	B-Rm23-A Mar-06-1945	73y M	Visit Date: Feb-08-2017 10:02
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ICD-10 Code:

Dictated on: 02/08/2017 14:21:58
Reviewed by: MAHER, ASIM

Treatments:

TREATMENTS:

• Treatments

ACE bandage applied to affected area Dressing changed abrasion cleaned with hydrogen peroxide and bacitracin nd clean gauze applied.

ED Diagnosis:

- An ED diagnosis must be entered and ED Diagnosis Selected Below checked off below

ED DIAGNOSIS:

- Contusion, shoulder and upper: ICD-10: S40.019A
- Contusion of left elbow: ICD-10: S50.02XA
- High cholesterol: ICD-10: E78.00
- Encounter for examination and: ICD-10: Z04.9
- HTN (hypertension): ICD-10: I10

DISCHARGE DISPOSTION:

- Disposition discharged
- Discharge Type court under arrest
- Discharge Date and Time 08-Feb-2017 14:44

PROVIDER PAIN REASSESSMENT:

- Pain Scale Used Numerical
- Pain Scale Numeric 2 - Mild

MEDICATION RECONCILIATION/DISCHARGE MEDS:

* Patient Currently Takes Medications as of 08-Feb-17 00:19 documented in Structured Notes

DISCHARGE INSTRUCTIONS:

- Check for These Symptoms and Call or Schedule Appointment with Provider fever, pain, redness, withdrawal symptoms, vomiting, nonhealing wound, drainage

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESSEDIN, ROBERT 1399005H/6594854	BMI: 37.6	DSC	B-Rm23-A Mar-06-1945	73y M	Visit Date: Feb-08-2017 10:02
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• **Additional Discharge Instructions**

Clean all wounds with soap and water, can apply bacitracin, Take all meds as prescribed, drink plenty of water, wear your hearing aids, must followup with your PMD when released, return for worsening symptoms, clean wound daily with bacitracin and apply clean gauze, wear ACE to left elbow, also f/u with an orthopedist for continued shoulder and elbow pain.

Faculty Statement:

Faculty Statement:

• **Attestation**

Attending and Nurse Practitioner or Physician Assistant

• **Attending and Nurse Practitioner or Physician's Assistant**

• **Attending and Physician's Assistant:** I evaluated the patient. I reviewed the Physician Assistant's note and agree with the findings and plan.

MEDICAL DECISION MAKING:

• **Conducted a Detailed Discussion with Patient and/or Guardian Regarding**

• **Treatment Plan**

71 yo male, aox3, nad, BIB Police for FFC, pt sts he was push 24h ago and is complaining of b/l shoulder pain, and left elbow pain,
'do : x-ray of shoulders and left elbow.

Sign Offs:

Discharge Sign Off:

• **Discharge Sign Off**

• **Discharge Sign Off**

Mid Level Provider/Resident Document Complete
Attending Document Complete

Electronic Signatures:

Altamirano, Leonardo (DO) (Signed 08-Feb-17 16:12)

Authored: Physical Exam, Faculty Statement, Medical Decision Making, Sign Offs

Karmin, Rianne (Physicians Assistant II) (Signed 08-Feb-17 14:47)

Authored: Ebola Risk Screen, Presenting Information, History of Present Illness, Past Medical, Surgical and Family History, Allergies and Home Medications, Social History, History Attestation, ROS, Vital Signs, Physical Exam, Current Orders/Order Entry, Diagnostic Imaging Results Review, Treatments, ED Diagnosis, Disposition, Discharge Meds, Instructions, Return to Work, Fax Follow-up, Medical Decision Making

Nassau Univ. Medical Center
Documents Review Report

Documents: ALL

BESEDIN, ROBERT

1399005H/6594854

BMI: 37.6

DSC

B-Rm23-A

Mar-06-1945

73y

M

Visit Date : Feb-08-2017 10:02

Last Updated: 08-Feb-17 16:12 by Altamirano, Leonardo (DO)

References:

1. Data Referenced From "ED Triage" 2/8/2017 10:25 AM

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594854

BMI: 37.6

DSC

B-Rn23-A

Mar-06-1945

73y M

Visit Date : Feb-08-2017 10:02

Authored : Feb-08-2017 14:47

ED Patient Discharge
Instructions (Complete)

Karmin, Rianne (Physicians
Assistant I)

Signed : Feb-08-2017 14:48

Instructions:

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself at home. PLEASE BRING THIS FORM TO YOUR NEXT APPOINTMENT WITH YOUR DOCTOR.

You were seen by dr. altamariano on 08-Feb-2017 14:47.

Diagnoses/Visit Problems:

- Contusion, shoulder and upper: ICD-10: S40.019A
- Contusion of left elbow: ICD-10: S50.02XA
- High cholesterol: ICD-10: E78.00
- Encounter for examination and: ICD-10: Z04.9
- HTN (hypertension): ICD-10: I10

Medication Reconciliation/Discharge Meds:

*Patient Currently Takes Medications as of 08-Feb-17 00:19 documented in Structured Notes

amlodipine 10 mg oral tablet; Rx, 1 tab(s) orally once a day, Schedule: Q, Status: Active

aspirin-dipyridamole 25 mg-200 mg oral capsule, extended release; Rx, 1 cap(s) orally every 12 hours,
Schedule: Q, Status: Active

Discharge Instructions:

- Discharge Activity resume normal activity
- Check for These Symptoms and Call fever, pain, redness, withdrawal symptoms, vomiting,
or Schedule Appointment with nonhealing wound, drainage
Provider
- Additional Discharge Instructions Clean all wounds with soap and water, can apply
bacitracin, Take all meds as prescribed, drink plenty
of water, wear your hearing aids, must followup with
your PMD when released, return for worsening
symptoms., clean wound daily with bacitracin and
apply clean gauze, wear ACE to left elbow, also f/u
with an orthopedist for continued shoulder and elbow
pain.

Teaching and Education:

Discharge Meds Reviewed
Instructions Reviewed With
Response to Teaching

Exit Care Instructions Provided

Date/Time Provided

Information Provided

Check for These Symptoms and Call or fever, pain, redness, withdrawal symptoms, vomiting,

yes ☐
patient ☐
questions ☐
yes ☐
08-Feb-2017 00:00 ☐
dc instructions ☐

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT B Rm23-A 73y M
1399005H/6594854 BMI: 37.6 DSC Mar-06-1945 Visit Date: Feb-08-2017 10:02

Schedule Appointment with Provider nonhealing wound, drainage®

ED Discharge Time:

Patient Signature/Date: _____, 08-Feb-2017 14:48.

EMERGENCY IMAGING AND LAB RESULTS ARE ONLY PRELIMINARY:

• **Emergency Imaging And Lab Results
Are Only Preliminary**

Emergency imaging and lab test results are only preliminary. You should follow up with Health Information Management/Medical Records Department to see if there were any changes in the reading of your imaging and lab tests by checking for official results. In order to receive official results, an authorization must be completed. Please contact the Health Information Management Department/Medical Record Department at 516-572-6446 or 516-572-8825 for more information. Please note, we are not permitted to give results over the telephone

Los resultados de las pruebas de emergencia son solo preliminares. Usted debe dar seguimiento con el Departamento de Registros Médicos y Sistema de Información de Salud para ver si hubo algún cambio en la lectura de su estudio por imágenes y (o) de laboratorio mediante la comprobación de los resultados oficiales. Para poder recibir resultados oficiales se debe completar una autorización. Por favor póngase en contacto con el Departamento de Registros Médicos. Para mas información llame al Departamento de Registros Médicos al 516-572-6446 o al 516-572-8825. Por Favor tenga en cuenta que no estamos permitidos a dar resultados por teléfono.

NASSAU UNIVERSITY MEDICAL CENTER:

• **Nassau University Medical Center
Emergency Department**

Thank you for choosing us for your health care needs. Our team works to always meet or exceed your expectations for care. We wish you the best of health, but if you should need us anytime soon, we are here ready to provide you with the best possible care.

You will be receiving a Patient Satisfaction Survey in the mail. Please take a few minutes to complete and

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6594854

BMI: 37.6

DSC

B-Rm23-A

Mar-06-1945

73y M

Visit Date : Feb-08-2017 10:02

mail back this survey. Your feedback is important to us as we strive to continually improve our service.

Gracias por elegirnos para sus necesidades de atencion medica. Nuestro equipo de profesionales de la salud trabaja para siempre satisfacer o superar sus expectativas para su cuidado. Le deseamos la mejor de la salud, pero, si nos necesita en cualquier momento, estamos aqui dispuestos a brindarle la mejor atencion sanitaria posible.

Usted estara recibiendo una Encuesta de Satisfaccion del Paciente en el correo. Por favor tome unos momentos para completar y enviar la encuesta. Su opinion es importante para nosotros y nos esforzamos por mejorar continuamente nuestro servicio.

Print Document:

PRINT:

• Print this document:

Yes

Electronic Signatures:

Karmin, Rianne (Physicians Assistant I) (Signed 08-Feb-17 14:48)

Authored: Instructions, Print Document

Last Updated: 08-Feb-17 14:48 by Karmin, Rianne (Physicians Assistant I)

References:

1. Data Referenced From "ED Nurse Note" 8-Feb-2017 11:12 AM
2. Data Referenced From "ED Provider Note" 8-Feb-2017 11:01 AM

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT 1399005H/6594854	BMI: 37.6	DSC	B-Rm23-A Mar-06-1945	73y M	Visit Date: Feb-08-2017 10:02
Authored: Feb-08-2017 14:48		ED Fit For Confinement (Complete)		Karmin, Rianne (Physicians Assistant I)	
Signed: Feb-08-2017 14:48					

Department of Emergency Medicine:

Fit for Confinement Form:

Date: 08-Feb-2017.

Please be advised the above patient was evaluated in the Emergency Department at NUMC on the date listed above.

See Discharge instructions.

PRINT:

PRINT:

• Print this document: Yes

Electronic Signatures:

Karmin, Rianne (Physicians Assistant I) (Signed 08-Feb-17 14:48)

Authored: Department of Emergency Medicine, PRINT

Last Updated: 08-Feb-17 14:48 by Karmin, Rianne (Physicians Assistant I)

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Pain Flowsheet

Patient Name	MRN	Admit Date/Time	Visit Status	Visit ID	Provider:
BESEDIN, ROBERT	1399005H	02/08/2017 10:20:00	DSC	6594854	
DOB: 03/06/1945 (73y)	Male				

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	

Medications

No Medications found.

Document Recorded	2/8/2017 10:25:00	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By	
Parameter	Result		

PAIN EVALUATION

Pain - Evaluation or Reevaluation	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
Evaluation or Reevaluation	Evaluation	

Pain Scale Numeric	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
Pain Scale Numeric	0 - No Pain	

Document Recorded	2/8/2017 11:12:00	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By	
Parameter	Result		

PAIN EVALUATION

Pain - Evaluation or Reevaluation	02/08/2017 11:14	Franco, Heather(Reg Nurse I)
Evaluation or Reevaluation	Evaluation	

Pain Scale Used	02/08/2017 11:14	Franco, Heather(Reg Nurse I)
Pain Scale Used	Numerical	
Pain Scale Numeric	02/08/2017 11:14	Franco, Heather(Reg Nurse I)
Pain Scale Numeric	0 - No Pain	

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Vital Signs

Patient Name	MRN	Admit Date/Time	Visit Status	Visit ID	Provider:
BESEDIN, ROBERT	1399005H	02/08/2017 10:20:00	DSC	6594854	
DOB: 03/06/1945 (73y)	Male				

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	
Medications		

No Medications found.

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	

VITAL SIGNS

BP Systolic	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
Systolic	154	
BP Diastolic	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
Diastolic	80	
Temperature (degrees C)	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
degrees C	37.2	
Temperature	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
Site	Oral	
Pulse	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
Pulse/bpm	114	
O2 Saturation	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
O2 Saturation %	97	
Respiratory Rate	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
RR /min	20	
Pulse	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
Pulse/bpm	114	
Respiratory Rate	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
RR /min	20	
BP Systolic	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
Systolic	154	
BP Diastolic	02/08/2017 10:27	Williamsen, Barbara(Reg Nurse II)
Diastolic	80	

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Name1	MRN	Admit Date/Time	Visit Status	Visit ID	Provider:
BESEDIN, ROBERT	1399005H	02/08/2017 10:20:00	DSC	6594854	
DOB: 03/06/1945 (73y)	Male				

Document Recorded	2/8/2017 11:33:00	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By	

Parameter	Result		
VITAL SIGNS			
BP Systolic		02/08/2017 11:33	Franco, Heather(Reg Nurse I)
Systolic	134		
BP Diastolic		02/08/2017 11:33	Franco, Heather(Reg Nurse I)
Diastolic	76		
Pulse		02/08/2017 11:33	Franco, Heather(Reg Nurse I)
Pulse/bpm	90		
O2 Saturation		02/08/2017 11:33	Franco, Heather(Reg Nurse I)
O2 Saturation %	99		
Respiratory Rate		02/08/2017 11:33	Franco, Heather(Reg Nurse I)
RR /min	16		

Nassau Univ. Medical Center
Med Admin History Visit

Criteria for selection: 'Task Review Category: "Medications"'
 'From Date: "08-Feb-2017"'
 'To Date: "24-Oct-2018"'

BESEDIN, ROBERT	B-Rm23-A	73y	M
DSC		06-Mar-1945	1399005H / 6594854

Scheduled

rosuvastatin PO (Restricted Indication) Tablet - CRESTOR PO
Give:20 mg Oral Daily

Start: 08-Feb-2017 10:56 **Stop:** 08-Feb-2017 14:44 **Requested By:** Karmin, Rianne (Physicians Assistant I)

11:20 Franco, Heather (Reg Nurse I) 20 mg

Modifications:

08-Feb-2017 11:20

Modified	From	To	Date / Time	By
Dose:		20	08-Feb-2017 11:15	Franco, Heather (Reg Nurse I)
Route:		Oral	08-Feb-2017 11:15	Franco, Heather (Reg Nurse I)
Performed From Date/Time		08-Feb-2017 11:20	08-Feb-2017 11:15	Franco, Heather (Reg Nurse I)

Requested By: Gomez, Martha (Auditor)
 24-Oct-18 18:07

Printed from: Nassau Univ. Medical Center
Besedin 0247

Nassau Univ Medical Center
Med Admin History Visit

BESEDIN, ROBERT

B-Rm23-A

73y M

DSC

06-Mar-1945 139900511 / 6594854

Unscheduled

amlodipine PO Tablet - NORVASC PO

Give:10 mg Oral Once

Start: 08-Feb-2017 10:54

Stop: 08-Feb-2017 11:20

Requested By: Karmin, Rianne (Physicians Assistant I)

11:20

Franco, Heather (Reg Nurse I)

10 mg

aspirin/dipyridamole PO 25 mg- 200 mg capsule - AGGRENOX 200 PO

Give:1 Capsule(s) Oral Once

Nurse Instructions: Swallow whole; do not crush or chew.

May be given with or without food.

Start: 08-Feb-2017 10:56

Stop: 08-Feb-2017 11:20

Requested By: Karmin, Rianne (Physicians Assistant I)

11:20

Franco, Heather (Reg Nurse I)

1 Capsule(s)

losartan PO Tablet - COZAAR PO

Give:50 mg Oral Once

Start: 08-Feb-2017 10:54

Stop: 08-Feb-2017 11:20

Requested By: Karmin, Rianne (Physicians Assistant I)

11:20

Franco, Heather (Reg Nurse I)

50 mg

Modifications:

08-Feb-2017 11:20

Modified	From	To	Date / Time	By
Performed From Date/Time		08-Feb-2017 11:20	08-Feb-2017 11:14	Franco, Heather (Reg Nurse I)

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554
<http://www.numc.edu/> Physician Order Summary

<u>MRN</u>	<u>Visit ID</u>	<u>Patient Name</u>	<u>Admit DTM</u>	<u>Discharge DTM</u>
1399005H	6596257	BESEDIN, ROBERT	2/11/2017 2:05:00 PM	2/11/2017 4:16:00 PM

Order Category: All

CT Head/Brain; w/o Contrast

11-Feb-2017 14:02

Requested By: Kuo, Daniel

Clinical Indication:	Head trauma
Contact#/Pager:	62400
CPT Code:	70450
Diagnosis:	R51 Headache
Exam to be done after discharge?	No
Priority:	ASAP
Requested Date:	11-Feb-2017
Schedule Time:	Schedule all appts for 45min except Breast MRI (1.5hrs)
Transport Method:	AMB
Weight (kg):	108.8

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554
http://www.numc.edu/ Physician Order Summary

Orders: All orders for this chart for order dates from 11-Feb-2017

BESEDIN, ROBERT	B-Rm20-C	73y	M
Height: 170 cm, Weight: 108.8kg, BMI: 37.6	06-Mar-1945	DSC	3228970 / 1399005H / 6596257

Length of stay: 0 day(s)

Admit date: 2/11/2017

11-Feb-2017 14:59

Requested By: Kuo, Daniel (Resident Physician)

CT Head/Brain; w/o Contrast 11-Feb-2017 15:19 1 or more Final
Results Received

Transport by: AMB

11-Feb-2017 16:17

Requested By: Singh, Jatinder (MD)

ED Discharge Order 11-Feb-2017 16:17 Discontinued via 11-Feb-2017 16:16
Patient Discharge

11-Feb-2017 16:34

Requested By: Kuo, Daniel (Resident Physician)

acetaminophen PO 11-Feb-2017 16:34 Completed 11-Feb-2017 16:34
 Tablet - TYLENOL
 Give:650 mg Oral ONCE
ibuprofen PO 11-Feb-2017 16:34 Completed 11-Feb-2017 16:34
 Tablet - MOTRIN PO
 Give:400 mg Oral ONCE
 Nurse Instructions: Swallow whole; not crush or chew.

THIS DRUG HAS A BLACK BOX WARNING.

12-Feb-2017 16:16

Requested By: (/ entered by: services (IT)

Discontinued **ED Discharge Order** 11-Feb-2017 16:17 Discontinued via 11-Feb-2017 16:16
Patient Discharge
 Patient discharged - 11-Feb-2017 16:16.

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
 2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>
Patient Results Report - Sorted by Order Type

All results performed dates from 11-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6596257

DSC

B-Rm20-C

()

Report Date

CT Head/Brain; w/o Contrast

Order Entered Date : 02/11/2017 15:19

Collection Date : Not Available

Received Date : Not Available

02/11/2017 15:26

CT Head/Brain; w/o Contrast

02/12/2017 09:44

Exam Report

Nassau Health Care Corporation
 NASSAU UNIVERSITY MEDICAL CENTER
 2201 Hempstead Turnpike East Meadow, NY 11554
 (516) 572-6635
 Department of Radiology
 Final

Patient: BESEDIN, ROBERT 71Y M MRN: 1399005H
 Loc: ER-FAS DOB: 03/06/1945
 Dr: KUO, DANIEL Date of Exam: 02/11/2017
 Order #: CT4225-17 CT HEAD/BRAIN W/O CONTRAST
 The undersigned attending reviewed and agreed with the interpretation.

=====

EXAMINATION:
NONCONTRAST COMPUTED TOMOGRAPHY OF THE HEAD

HISTORY:
 Head trauma

TECHNIQUE:
 Multiple contiguous axial sections of the head were obtained without intravenous contrast.

COMPARISON:
 CT dated 6/3/2014

FINDINGS:
 Grossly unchanged encephalomalacias are identified of the bilateral frontal lobes and right temporo-occipital region, grossly unchanged in comparison with the prior CT. There are mild involutional and chronic periventricular microvascular ischemic changes. The basilar cisterns are patent.

No mass effect, acute hemorrhage, or acute appearing territorial infarct is identified.

Printed by: Gomez, Martha (Auditor)
24-Oct-18 17:45

Printed From: Nassau Univ. Medical Center

Page: 1 of 2

Besedin 0251

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Patient Results Report - Sorted by Order Type

All results performed dates from 11-Feb-2017

BESEDIN, ROBERT

73y M

DOB:06-Mar-1945

2510 HARRISON AVE / BALDWIN / New York / 11510

1399005H / 6596257

DSC

B-Rm20-C

()

The skull base and calvarium, tympanomastoid air cells, and visualized portions of the orbits and paranasal sinuses are within normal limits. Scattered atherosclerotic calcifications are incidentally identified.

IMPRESSION:

1. No acute intracranial pathology on this unenhanced CT.
2. Additional findings, as above.

ICD-10 Code: F29

Dictated on: 02/11/2017 15:26:02

Reviewed by: RAMCHAND, MINAKSHI

Dictated by: LEV, STEVEN

Nassau Univ. Medical Center
Documents Review Report
Documents: ADL

BESEDIN, ROBERT E-Rm20-C 73y M
1399005H/6596257 BMI: 37.6 DSC Mar-06-1945 Feb-11-2017 Visit Date: Feb-11-2017 14:02

Authored: Feb-11-2017 14:12 ED Triage (Complete) Raniolo, Doris (Reg Nurse II) "Revised"
Signed: Feb-11-2017 21:48

EBOLA RISK SCREEN:**Ebola Risk Screen:**

- Can patient answer Ebola questions? Yes
- Any of the following symptoms? none
- Travel to Ebola affected areas in the last month such as: no travel to known Ebola area
- Exposure risk to Ebola? no known exposure

ARRIVAL INFO:

- Are you the Greeter RN beginning triage? Yes
- Patient ID check: ROBERT BESEDIN is a 71 yr old Male. Date of Birth is 06-Mar-1945
- Arrival Time 11-Feb-2017 14:05
- Triage Time 11-Feb-2017 14:19
- ID Band ID Band in place
- Prisoner No
- ESI Triage Acuity level 3
- Arrival From home
- Mode of Arrival Car/Private
- Means of Arrival Ambulatory
- Accompanied By son
- Significant Past Medical/Surgical History Hypertension, High Cholesterol, S/P 2 subdural hematomas with Binch crown fx of skull 2005
- Triage Historian son
- Spoken Language Preferred English

Chief Complaint:

- Chief Complaint dizziness
- Chief Complaint Quote Pt. C/O spots in visual field, headache left shoulder and back pain. Pt states he was thrown down 4 concrete steps on Tuesday evening, striking head. pt seen in er as FFC for complaints last week after incident happened. no having headaches and visual changes. No LOC, but son states some temporary confusion and memory loss shortly after accident. Was seen in ED Tuesday night, Evaluation
- Pain - Evaluation or Reevaluation

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT

B-Rm20-C

73y

M

1399005H/6596257

BMI: 37.6

DSC

Mar-06-1945

Visit Date : Feb-11-2017 14:02

Vital Signs:**Vitals Signs:**

- Temperature (degrees F) 98.7 degrees F
- Temperature (degrees C) 37 degrees C
- Temperature Oral
- Pulse ↑ 90
- Respiratory Rate 16
- O2 Saturation 96 %
- BP Systolic ↑ 163
- BP Diastolic 74
- Patient Height actual or estimated? estimated
- Height inches 67 inch
- Height cm 170 cm
- Weight lbs 240 lb
- Weight kg 108.8 kg
- BMI 37.6

Mental Status:

- Mental Status alert and oriented x3

Sepsis:

- Sepsis tool Adult Sepsis Tool
- Does patient have any of the following? Notify a physician if patient has 3 or more N/A
- Sepsis Triage Score 0

Advance Directives:

- Advanced Directive No

ELOPEMENT RISK:

- Is the patient an elopement risk? No

Allergy Intolerance/Adverse Event:**Allergies:**

- No Known Allergies: Active

Allergy Bands:

- Allergy Band/Signs Applied: N/A

EPIDEMIC/PANDEMIC SURGE:

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6596257 BMI: 37.6 DSC B-Rm20-C 73y M Mar-06-1945 Visit Date : Feb-11-2017 14:02

Can patient answer Epidemic/Pandemic questions? Yes .

Have you had a fever in the past 2 weeks? No .

Have you had cough in the past 2 weeks? No .

Have you had shortness of breath or difficulty breathing in the past 2 weeks? No .

Have you had a rash or unusual skin lesions in the past 2 weeks? No .

Have you traveled outside or had close contact with someone who has traveled recently outside of the United States, in the past 2 weeks? No .

Are you a healthcare worker who has a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? No .

Do any of the people who you have close contact with at home, work or you friends have the same symptoms? No .

HIV Test:

• Offering of HIV testing: n/a

Pneumonia:

• Are symptoms suggestive of pneumonia No

SCREENINGS:

DOMESTIC VIOLENCE (Patients 12 years and older):

• Is anyone hurting you at home? no

EXPLOITATION (Patients 12 years and older):

• Is anyone misusing your money, food, no housing, or not allowing you to obtain healthcare?

SUICIDE:

• Do you have thoughts of hurting yourself or others? no
• Are you currently being treated for any psychiatric issues? no
• Have you recently suffered a recent loss or trauma? no

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT B-Rm20-C 73y M
1399005H/6596257 BMI: 37.6 DSC Mar-06-1945 Visit Date : Feb-11-2017 14:02

- Are you experiencing discomfort because you are withdrawing from drugs and/or alcohol? no

Electronic Signatures:

Franco, Heather (Reg Nurse I) (Signed 11-Feb-17 14:22)

Authored: ARRIVAL INFO, TRIAGE, ALLERGIES, SCREENINGS

Gonzalez, Diana (Reg Nurse I) (Signed 11-Feb-17 21:48)

Authored: ARRIVAL INFO, TRIAGE

Raniolo, Doris (Reg Nurse II) (Signed 11-Feb-17 14:18)

Authored: EBOLA RISK SCREEN, ARRIVAL INFO, TRIAGE, SCREENINGS

Last Updated: 11-Feb-17 21:48 by Gonzalez, Diana (Reg Nurse I)

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT

1399005H/6596257

B-Rm20-C

73y M

BMI: 37.6

DSC

Mar-06-1945

Visit Date : Feb-11-2017 14:02

Authored : Feb-11-2017 15:00

ED Provider Note
(Complete)

Kuo, Daniel(Resident Physician)

Revised

Signed : Feb-11-2017 16:17

Ebola Risk Screen:Ebola Risk Screen:

- Can patient answer Ebola questions? Yes⁽¹⁾
- Any of the following symptoms? none⁽¹⁾
- Travel to Ebola affected areas in the last month such as: no travel to known Ebola area⁽¹⁾
- Exposure risk to Ebola? no known exposure⁽¹⁾

Presenting Information:TRIAGE INFORMATION:

- Triage Historian son
- Accompanied By son
- Triage Information

Most recent Vital Sign	Value	Date
Temp (F):	98.7	02-11-2017 14:12
Temp (C):	37	02-11-2017 14:12
Heart Rate (beats/min):	90	02-11-2017 14:12
Respirations (breaths/min):	16	02-11-2017 14:12
BP Systolic (mm Hg):	163	02-11-2017 14:12
BP Diastolic (mm Hg):	74	02-11-2017 14:12
Chief Complaint:	dizziness	02-11-2017 14:12

Nassau Univ. Medical Center
Documents Review Report

Documents: ALL

BESEDIN, ROBERT

1399005H/6596257

BMI: 37.6

DSC

B-Rm20-C

Mar-06-1945

73y

M

Visit Date: Feb-11-2017 14:02

Chief Complaints Quote:

Pt. C/O spots in visual field, headache left shoulder and back pain. Pt states he was thrown down 4 concrete steps on Tuesday evening, striking head. pt seen in ER as FFC for complaints last week after incident happened. no having headaches and visual changes. No LOC, but son states some temporary confusion and memory loss shortly after accident. Was seen in ED Tuesday night,

02-11-2017 14:12

• Spoken Language Preferred

English

HISTORY OF PRESENT ILLNESS:

• Complaint

The patient is a 71 year old Male complaining of dizziness.

• Time Seen

11-Feb-2017 14:30

• Context

on aspirin

• Quality

anxiety producing

• Severity

MILD

• Presenting Symptoms

DIZZINESS, BLURRED VISION

• Time last well

known

• Time Last Known Well Date/Time
(dd-mmm-yyyy hh:mm)

07-Feb-2017 09:00

• Arrival Time Within 3 hours since
symptoms onset

n/a

• IV Thrombolytic (IV t-Pa) within 3 hrs
of ED arrival [here]

n/a

• IV/IA Thrombolytic (IV t-Pa) within 48
hrs of ED arrival (here/elsewhere)

n/a

• Objective Statement

58yo M with PMHx of TBI, EtOH abuse, HTN, ASA use, dyslipidemia, hard of hearing and mild dementia presented to ED c/o dizziness and blurry vision x4 days. Patient states he was at home on 2/7/17 when he was tackled to the ground by police officers. Patient states he is unsure why he was tackled, and denies alcohol intoxication at the time. Patient cannot remember if he struck his head against the ground.

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1999005H/6596257

BMI: 37.6

DSC

B-Rn20.C
Mar-06-1945

73y M

Visit Date : Feb-11-2017 14:02

Son states that patient lives down the street from the precinct and is frequently in altercations/arguments with the police officers. Patient was seen on the evening of 2/7/17 for medical clearance for FFC. Patient did not receive a CTH at the time. Currently c/o mild headache and dizziness. States the it feels like the "room is spinning." Patient also c/o "floaters" in his eyes that started after his arrest. Denies fever, chills, CP, SOB, abdominal pain, N/V/D/C.

Past Medical History:

Past Med Hx:

- **Mild dementia (F03.90):** Display Name: Unspecified dementia without behavioral disturbance, Status: Active, Scope: General, ICD-10: F03.90
- **Alcohol abuse (F10.10):** Display Name: Alcohol abuse, uncomplicated, Status: Active, Scope: General, ICD-10: F10.10
- **Hard of hearing (H91.90):** Display Name: Unspecified hearing loss, unspecified ear, Status: Active, Scope: General, ICD-10: H91.90
- **High cholesterol (E78.00):** Display Name: Pure hypercholesterolemia, unspecified, Status: Active, Scope: General, ICD-10: E78.00
- **CVA (cerebral vascular acciden (I63.9):** Display Name: Cerebral infarction, unspecified, Status: Active, Scope: General, ICD-10: I63.9
- **TBI (traumatic brain injury) (S06.9X9A):** Display Name: Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter, Status: Active, Scope: General, ICD-10: S06.9X9A
- **Hypertension (I10):** Display Name: Essential (primary) hypertension, Status: Active, Scope: General, ICD-10: I10

Past Surgical History:

Past Surg Hx:

- **S/P wrist surgery (Z98.890):** Display Name: Other specified postprocedural states, Status: Active, Scope: General, ICD-10: Z98.890

Social History:

Substance Use:

- **Alcohol Use Status**
- **Smoking Status**

current alcohol
Unknown if ever smoked

HISTORY ATTESTATION:

• **Attestation Comment**

I have reviewed and confirmed nurses' notes for patient's medications, allergies, medical history, and surgical history.

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT
1399005H/6596257

BMI: 37.6

DSC

B-Rm20-C

Mar-06-1945

73y M

Visit Date: Feb-11-2017 14:02

Review of Systems:

- **Constitutional** negative: anorexia, chills, fever, malaise/fatigue, weight loss
- **Eye** POSITIVE: vision changes
negative: itching, lacrimation, lid swelling, pain, photophobia, redness
- **Ear** negative: discharge, hearing disturbance, hearing loss, pain, tinnitus
- **Nose** negative: congestion, discharge, nose bleeds, obstruction, sneezing
- **Mouth/Throat/Teeth** negative: dysphagia, gum bleeding, hoarseness, lesions, toothache, tooth caries, tooth trauma, throat pain
- **Neck** negative: lumps, pain, stiffness, swollen glands
- **Cardiovascular** negative: bradycardia, chest pain, claudication, diaphoresis, edema, irregular rhythm, orthopnea, palpitation, tachycardia
- **Respiratory** negative: cough, dyspnea, hemoptysis, pleuritic chest pain, wheezing
- **Gastrointestinal** negative: abdominal pain, constipation, diarrhea, nausea, change in bowel habits, hematochezia, melena, rectal pain, stool incontinence, vomiting
- **Genitourinary** negative: cloudy urine, dysuria, frequency, hematuria, strong smelling urine, urgency, urine output decreased, urine output increased, penile discharge
- **Musculoskeletal** negative: back pain, gout, joint pain, neck pain, pain, sensory deficits, stiffness, swelling, weakness
- **Integumentary** negative: abrasions, diaphoresis, dryness, hives, itching, jaundice, lesions, lumps, mole changes, petechiae, pruritus, rash, thin skin
POSITIVE: dizziness
- **Neurological** negative: altered mental status, fecal incontinence, gait abnormality, headache, loss of consciousness, loss of function, lower extremity numbness, memory impairment, neck stiffness, sensory deficits, upper extremity numbness, urinary incontinence, vertigo, weakness
- **Psychiatric** negative: anxiety, depression, hallucinations, insomnia, memory changes, mood swings

Nassau Univ. Medical Center
Documents Review Report

Documents: ALL

BESEDIN, ROBERT

B-Rm20-C

73y M

1399005H/6596257

BMI: 37.6

DSC

Mar-06-1945

Visit Date : Feb-11-2017 14:02

• Endocrine

negative: change in weight, change in glove/shoe size, cold/heat tolerance, diabetes, diaphoresis, polydipsia, polyuria, thyroid trouble

• Heme/Lymph

negative: anemia, easy bleeding, easy bruising, jaundice, night sweats, past transfusion, swollen lymph nodes, transfusion reaction

• Allergic/Immunologic

negative: dermatitis, environmental allergies, food allergies, hayfever, HIV, immunologic disorder, immunosuppressive disorder, latex allergy, pruritus, rash, rhinorrhea

Vital Signs:

Vital Signs (from VS Flowsheet):

Vital Signs:

11-Feb-17 14:12

BP Systolic Systolic † 163

BP Diastolic Diastolic 74

Temperature (degrees C) 37

degrees C

Temperature Site Oral

Pulse Pulse/bpm † 90

O2 Saturation O2 96

Saturation %

Respiratory Rate RR /min 16

Pulse Pulse/bpm 90

Respiratory Rate RR /min 16

BP Systolic Systolic 163

BP Diastolic Diastolic 74

PHYSICAL EXAM:

• CONSTITUTIONAL

• Appearance

well appearing

• Development

well developed

• Distress

no apparent

• Manner

appropriate for situation

• Mentation

awake, alert, oriented to person, place, time/situation

• Mood

appropriate

• Nourishment

OBESE

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT	B-Rm20-C	73y	M
1399005H/6596257	BMI: 37.6	DSC	Mar-06-1945
			Visit Date: Feb-11-2017 14:02

- ENMT Dry mucous membranes. Mouth with normal mucosa. Throat has no vesicles, no oropharyngeal exudates and uvula is midline.
- EYES Clear bilaterally, pupils equal, round and reactive to light.
- CARDIAC Normal rate, regular rhythm. Heart sounds S1, S2. No murmurs, rubs or gallops.
- RESPIRATORY Breath sounds clear and equal bilaterally.
- GASTROINTESTINAL Abdomen soft, non-distended, obese, no rebound, non-tender, no guarding. Bowel sounds normal in all 4 quadrants.
- MUSCULOSKELETAL Range of motion is not limited, no muscle or joint tenderness.
- NEUROLOGICAL
- Level of Consciousness alert follows commands
- Cranial Nerve and Pupillary Exam cranial nerves 2-12 intact
- Neck normal non-tender
- Speech clear
- Gait and Weight Bearing normal
- Sensation present and normal in 4 extremities
- Coordination normal
- Pronator Drift none
- SKIN Skin normal color for race, warm, dry and intact. No evidence of trauma.
- PSYCHIATRIC normal mood and affect.

CURRENT ORDERS/ORDER ENTRY:

- CT Head/Brain; w/o Contrast, Transport by: AMB, 11-Feb-2017, Pending, Standard

Diagnostic Imaging Results Review:

DIAGNOSTIC IMAGING AND OTHERS:

General:

11-Feb-17 15:19, CT Head/Brain; w/o Contrast
Exam Report

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT	B-Rm20-C	73y	M
1399005H/6596257	BMI: 37.6	DSC	Mar-06-1945
			Visit Date : Feb-11-2017 14:02

Nassau Health Care Corporation
NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike East Meadow, NY 11554
(516) 572-6635
Department of Radiology
Preliminary

Patient: BESEDIN, ROBERT 71Y M MRN: 1399005H
Loc: ER-FAS DOB: 03/06/1945
Dr: KUO, DANIEL Date of Exam: 02/11/2017
Order #: CT4225-17 CT HEAD/BRAIN W/O CONTRAST
The undersigned attending reviewed and agreed with the interpretation.

THIS IS A PRELIMINARY REPORT AND HAS NOT BEEN REVIEWED BY THE
UNDERSIGNING ATTENDING.

EXAMINATION:
NONCONTRAST COMPUTED TOMOGRAPHY OF THE HEAD

HISTORY:
Head trauma

TECHNIQUE:
Multiple contiguous axial sections of the head were obtained without
intravenous contrast.

COMPARISON:
CT dated 6/3/2014

FINDINGS:
Grossly unchanged encephalomalacias are identified of the bilateral
frontal lobes and right temporo-occipital region, grossly unchanged
in comparison with the prior CT. There are mild involutional and
chronic periventricular microvascular ischemic changes. The basilar
cisterns are patent.

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT

B-Rm20-C

73y M

1399005H/6596257

BMI: 37.6

DSC

Mar-06-1945

Visit Date: Feb-11-2017 14:02

No mass effect, acute hemorrhage, or acute appearing territorial infarct is identified.

The skull base and calvarium, tympanomastoid air cells, and visualized portions of the orbits and paranasal sinuses are within normal limits. Scattered atherosclerotic calcifications are incidentally identified.

IMPRESSION:

1. No acute intracranial pathology on this unenhanced CT.
2. Additional findings, as above.

ICD-10 Code:

Dictated on: 02/11/2017 15:26:02

Reviewed by: RAMCHAND, MINAKSHI

CT Head/Brain; w/o
Contrast

ED Diagnosis:

- An ED diagnosis must be entered and ED Diagnosis Selected Below checked off below

ED DIAGNOSIS:

- Postconcussion syndrome: Onset Date: 11-Feb-2017, ICD-10: F07.81

DISCHARGE DISPOSITION:

- Disposition discharged
- Discharge Type home
- Discharge Date and Time 11-Feb-2017 16:16

CONDITION ON DISCHARGE:

- Condition on Discharge stable

PROVIDER PAIN REASSESSMENT:

- Pain Scale Used Numerical
- Pain Scale Numeric 1 - Mild

MEDICATION RECONCILIATION/DISCHARGE MEDS:

Nassau Univ. Medical Center
Documents Review Report

Documents: ALL

BESEDIN, ROBERT
1899005H/6596257

BMI: 37.6

DSC

B-Rm20-C
Mar-06-1945

73y M

Visit Date : Feb-11-2017 14:02

** Patient Currently Takes Medications as of 08-Feb-17 00:19 documented in Structured Notes*

Faculty Statement:

Faculty Statement:

- Attestation
- Attending and Resident
- Attending and Resident:

Attending and Resident

I evaluated the patient. I reviewed the Resident's note and agree with the findings and plan.

MEDICAL DECISION MAKING:

- Differential Diagnosis post concussive syndrome
- Discussed Clinical and Radiological Findings With patient, family
- Conducted a Detailed Discussion with radiology results, need for outpatient follow-up, return to ED if symptoms worsen, persist or questions arise
- Patient and/or Guardian Regarding a/p male with recent fall after intoxication few days ago and now here for s/s of postconcussive syndrome
- Treatment Plan ct negative and so dc with pain meds and f/u and instructions

Sign Offs:

Discharge Sign Off:

- Discharge Sign Off
- Discharge Sign Off

Mid Level Provider/Resident Document Complete
Attending Document Complete

Electronic Signatures:

Kuo, Daniel (Resident Physician) (Signed 11-Feb-17 16:49)

Authored: Ebola Risk Screen, Presenting Information, History of Present Illness, Past Medical, Surgical and Family History, Social History, History Attestation, ROS, Vital Signs, Physical Exam, Current Orders/Order Entry, Diagnostic Imaging Results Review, Discharge Meds, Medical Decision Making

Singh, Jatinder (MD) (Signed 11-Feb-17 16:17)

Authored: Physical Exam, ED Diagnosis, Disposition, Faculty Statement, Medical Decision Making, Sign Offs

Last Updated: 11-Feb-17 16:49 by Kuo, Daniel (Resident Physician)

References:

1. Data Referenced From "ED Triage" 11-Feb-2017 14:12

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT		B-Rm20-C	73y	M	Visit Date: Feb-11-2017 14:02
1399005H/6596257	BMI: 37.6	DSC	Mar-06-1945		
Authored: Feb-11-2017 16:09	ED Nurse Note (Complete)	Gonzalez, Diana (Reg Nurse I)	**Revised**		
Signed: Feb-11-2017 21:48					

TRIAGE:**Ebola Risk Screen:**

- Can patient answer Ebola questions? Yes⁰
- Any of the following symptoms? none⁰
- Travel to Ebola affected areas in the last month such as? no travel to known Ebola area⁰
- Exposure risk to Ebola? no known exposure⁰

CHIEF COMPLAINT:

- Chief Complaint dizziness

Acuity:

- ESI Triage Acuity level 3

Vital Signs:**Vitals Signs:**

- Temperature (degrees F) 98.7 degrees F
- Temperature (degrees C) 37 degrees C
- Temperature Oral
- Pulse † 90
- Respiratory Rate 16
- O2 Saturation 96 %
- BP Systolic † 163
- BP Diastolic 74
- Patient Height actual or estimated? estimated
- Height inches 67 inch
- Height cm 170 cm
- Weight lbs 239.86 lb
- Weight kg 108.8 kg
- BMI 37.6

FMS Info:

- Means of Arrival Ambulatory

Primary Survey:

- Airway open and patent
- Breathing spontaneous, unlabored and symmetrical
- Breath Sounds clear
- Circulation strong peripheral pulses with regular rhythm
- Skin Condition warm

Nassau Univ. Medical Center
Documents Review Report
Documents: AEL

BESEDIN, ROBERT B-Rm20-C 73y M
1399005H/6596257 BMI: 37.6 DSC Mar-06-1945 Visit Date: Feb-11-2017 14:02

- Skin Color normal for race
- Disability patient is alert
- Placed on Cardiac Monitor? No
- Placed on Pulse Oximeter? No

PROGRESS NOTE:

- Progress Note
- 02/11/17 1435 received pt A&OX3 C/O dizziness. md at bedside DG RN

Pain Assessment:

- Pain - Evaluation or Reevaluation Evaluation
- Pain Scale Used Numerical
- Pain Scale Numeric 0 - No Pain

SUBJECTIVE HISTORY OF ILLNESS:

- Complaint The patient is a 71 year old Male complaining of dizziness.

HISTORY:

Medication Reconciliation Assessment:

- Source of Medication List Patient

SCREENINGS:

EPIDEMIC/PANDEMIC SURGE:

Can patient answer Epidemic/Pandemic questions? Yes .

Have you had a fever in the past 2 weeks? No .

Have you had cough in the past 2 weeks? No .

Have you had shortness of breath or difficulty breathing in the past 2 weeks? No .

Have you had a rash or unusual skin lesions in the past 2 weeks? No .

Have you traveled outside or had close contact with someone who has traveled recently outside of the United States, in the past 2 weeks? No .

Are you a healthcare worker who has a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? No .

Do any of the people who you have close contact with at home, work or you friends have the same symptoms? No .

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT B-Rm20-C 73y M
1399005H/6596257 BMI: 37.6 DSC Mar-06-1945 Visit Date: Feb-11-2017 14:02

SEPSIS:

- Sepsis tool Adult Sepsis Tool
- Does patient have any of the N/A
following? Notify a physician if patient
has 3 or more
- Sepsis Triage Score 0

HIV SCREENING:

- Offering of HIV testing: n/a

SUICIDE SCREENING:**SUICIDE:**

- Do you have thoughts of hurting no
yourself or others?
- Are you currently being treated for no
any psychiatric issues?
- Have you recently suffered a recent no
loss or trauma?
- Are you experiencing discomfort no
because you are withdrawing from
drugs and/or alcohol?

Advance Directives:

- Advanced Directive Not obtainable at this time

SCALES:**BRADEN SCALE:**

- Mobility Status 4. no impairment
- Moisture 4. rarely moist
- Activity 4. walks frequently
- Friction/Shear 3. no apparent problem
- Nutritional Status 3. adequate
- Sensory Perception 4 no impairment
- Braden Scale 24 hr Total Score 22

HENDRICH II FALL RISK MODEL Modified for NUMC:

- Confusion/Disorientation 0. No
- Depression 0. No
- Altered Elimination 0. No
- Dizziness/Vertigo 0. No

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT 1399005H/6596257	BMI: 37.6	DSC	B-Rm20-C Mar-06-1945	73y M	Visit Date: Feb-11-2017 14:02
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- Gender (MALE) 1. Yes
- Altered Mobility 0. No
- Any Antiepileptics (Anticonvulsants) 0. No
- Any Benzodiazepines 0. No
- Total Score 1

Disposition:**DISPOSITION INFORMATION:**

- Disposition discharged
- Discharge Type home

SIGN OFFS:**SIGN OFF:**

- Discharge Sign Off Nursing Document Complete

Electronic Signatures:

Gonzalez, Diana (Reg Nurse I) (Signed 11-Feb-17 21:48)

Authored: TRIAGE, PRIMARY SURVEY, PAIN ASSESSMENT, CHIEF COMPLAINT HISTORY, HISTORY, SCREENINGS, Head to Toe Assessment, Disposition, SIGN OFFS

Last Updated: 11-Feb-17 21:48 by Gonzalez, Diana (Reg Nurse I)

References:

1. Data Referenced From "ED Provider Note" 2/11/2017 3:00 PM

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT

B-Rm20-C

73y M

1999005H/6596257

BMI: 37.6

DSC

Mar-06-1945

Visit Date: Feb-11-2017 14:02

Authored: Feb-11-2017 16:34

ED Patient Discharge
Instructions (Complete)

Kuo, Daniel (Resident Physician)

Signed: Feb-11-2017 16:39

Instructions:

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself at home. PLEASE BRING THIS FORM TO YOUR NEXT APPOINTMENT WITH YOUR DOCTOR.

You were seen by Singh / Kuo on 11-Feb-2017 14:30.

Diagnoses/Visit Problems:

- **Postconcussion syndrome:** Onset Date: 11-Feb-2017, ICD-10: F07.81

Discharge Instructions:

- **Launch Discharge Instructions (Exit Care)** Launch Discharge Instruction (Exit Care)
- **Discharge Activity** no contact sports; no lifting
- **Diet** no restrictions

DISCHARGE PLAN:**Discharge Plan**

Thank you for coming to NUMC Emergency Department and allowing us to take care of you. If you were prescribed any medication please take them as directed. If you have any questions please ask us. We are here to help. We have provided you with emergency care only and it is important for you to follow up with a physician who can see you on a regular basis. Please follow up with your primary care physician or whatever appointment was made for you at the clinic. If your condition gets worse in any way or you are concerned please return to the emergency department anytime. We are open 24 hours a day 7 days a week. We are here to serve you and help you get better any way we can.

- 1) Take medicines as prescribed by your doctor.
- 2) Sleep with your head raised to help with headaches.
- 3) Avoid activities that can cause another head injury (i.e., contact sports, risky activities).
- 4) Drink enough fluids to make pee (urine) clear or pale yellow.
- 5) Follow-up with PCP in VA clinic in 1-2 weeks; call 516-572-6565 to schedule an appointment.
- 6) Return to ED if you feel confused, very sleepy, nauseous, vomiting, or experiencing severe headaches.

Follow Up Appointments:

- **Follow up with private md within:** 7 days
- **Name of the Private MD** VA Clinic

Teaching and Education:

Instructions Reviewed With patient
Response to Teaching verbalizes understanding
Exit Care Instructions Provided yes

ED Discharge Time:

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESEDIN, ROBERT B-Rm20-C 73y M
1399005H/6596257 BMI: 37.6 DSC Mar-06-1945 Visit Date: Feb-11-2017 14:02

Patient Signature/Date: _____, 11-Feb-2017 16:16.

EMERGENCY IMAGING AND LAB RESULTS ARE ONLY PRELIMINARY:

- **Emergency Imaging And Lab Results Are Only Preliminary** Emergency imaging and lab test results are only preliminary. You should follow up with Health Information Management/Medical Records Department to see if there were any changes in the reading of your imaging and lab tests by checking for official results. In order to receive official results, an authorization must be completed. Please contact the Health Information Management Department/Medical Record Department at 516-572-6446 or 516-572-8825 for more information. Please note, we are not permitted to give results over the telephone

Los resultados de las pruebas de emergencia son solo preliminares. Usted debe dar seguimiento con el Departamento de Registros Médicos y Sistema de Información de Salud para ver si hubo algún cambio en la lectura de su estudio por imágenes y (o) de laboratorio mediante la comprobación de los resultados oficiales. Para poder recibir resultados oficiales se debe completar una autorización. Por favor póngase en contacto con el Departamento de Registros Médicos. Para mas información llame al Departamento de Registros Médicos al 516-572-6446 o al 516-572-8825. Por Favor tenga en cuenta que no estamos permitidos a dar resultados por teléfono.

NASSAU UNIVERSITY MEDICAL CENTER:

- **Nassau University Medical Center Emergency Department**

Thank you for choosing us for your health care needs. Our team works to always meet or exceed your expectations for care. We wish you the best of health, but if you should need us anytime soon, we are here ready to provide you with the best possible care.

You will be receiving a Patient Satisfaction Survey in the mail. Please take a few minutes to complete and mail back this survey. Your feedback is important to us as we strive to continually improve our service.

Nassau Univ. Medical Center
Documents Review Report
Documents: ALL

BESLEDIN, ROBERT
1399005H/6596257

BMI: 37.6

DSC

B-Rm20-C

Mar-06-1945

73y M

Visit Date: Feb-11-2017 14:02

Gracias por elegirnos para sus necesidades de atención médica. Nuestro equipo de profesionales de la salud trabaja para siempre satisfacer o superar sus expectativas para su cuidado. Le deseamos la mejor de la salud, pero, si nos necesita en cualquier momento, estamos aquí dispuestos a brindarle la mejor atención sanitaria posible.

Usted estará recibiendo una Encuesta de Satisfacción del Paciente en el correo. Por favor tome unos momentos para completar y enviar la encuesta. Su opinión es importante para nosotros y nos esforzamos por mejorar continuamente nuestro servicio.

Print Document:

PRINT:

• Print this document:

Yes

Electronic Signatures:

Kuo, Daniel (Resident Physician) (Signed 11-Feb-17 16:39)

Authored: Instructions, Print Document

Last Updated: 11-Feb-17 16:39 by Kuo, Daniel (Resident Physician)

NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Pain Flowsheet

Patient Name	MRN	Admit Date/Time	Visit Status	Visit ID
BESEDIN, ROBERT	1399005H	02/11/2017 14:05:00	DSC	6596257
DOB: 03/06/1945 (73y)	Male			

Provider:

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	

Medications

No Medications found.

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	

PAIN EVALUATION

Pain - Evaluation or Reevaluation	02/11/2017 21:48	Gonzalez, Diana(Reg Nurse I)
Evaluation or Reevaluation	Evaluation	

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	

PAIN EVALUATION

Pain - Evaluation or Reevaluation	02/11/2017 16:11	Gonzalez, Diana(Reg Nurse I)
Evaluation or Reevaluation	Evaluation	

Pain Scale Used	02/11/2017 16:11	Gonzalez, Diana(Reg Nurse I)
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Pain Scale Used	Numerical	
Pain Scale Numeric	02/11/2017 16:11	Gonzalez, Diana(Reg Nurse I)

Pain Scale Numeric	0 - No Pain	
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NuHealth, NASSAU UNIVERSITY MEDICAL CENTER
2201 Hempstead Turnpike, East Meadow, NY 11554 <http://www.numc.edu/>

Vital Signs

Patient Name1	MRN	Admit Date/Time	Visit Status	Visit ID
BESEDIN, ROBERT	1399005H	02/11/2017 14:05:00	DSC	6596257
DOB: 03/06/1945 (73y)	Male			Provider:

Document Recorded	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By
Parameter	Result	

Medications

No Medications found.

Document Recorded	2/11/2017 14:12:00	Co-Signer	Signature Status:
Sub - Category	Recorded Date And Time	Entered By	
Parameter	Result		

VITAL SIGNS

BP Systolic	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
Systolic	163	
BP Diastolic	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
Diastolic	74	
Temperature (degrees C)	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
degrees C	37	
Temperature	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
Site	Oral	
Pulse	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
Pulse/bpm	90	
O2 Saturation	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
O2 Saturation %	96	
Respiratory Rate	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
RR /min	16	
Pulse	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
Pulse/bpm	90	
Respiratory Rate	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
RR /min	16	
BP Systolic	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
Systolic	163	
BP Diastolic	02/11/2017 14:22	Franco, Heather(Reg Nurse I)
Diastolic	74	

Nassau Univ. Medical Center
Med Admin History Visit

Criteria for selection: 'Task Review Category: "Medications"'

'From Date: "11-Feb-2017"'

'To Date: "24-Oct-2018"'

BESEDIN, ROBERT	B-Rm20-C	73y	M
DSC		06-Mar-1945	1399005H / 6596257

Scheduled

acetaminophen PO Tablet - TYLENOL

Give: 650 mg Oral ONCE

Start: 11-Feb-2017 16:34

Stop: 11-Feb-2017 16:34

Requested By: Kuo, Daniel (Resident Physician)

16:34 Gonzalez, Diana (Reg Nurse I) 650 mg

ibuprofen PO Tablet - MOTRIN PO

Give: 400 mg Oral ONCE

Nurse Instructions: Swallow whole; not crush or chew.

THIS DRUG HAS A BLACK BOX WARNING.

Start: 11-Feb-2017 16:34

Stop: 11-Feb-2017 16:34

Requested By: Kuo, Daniel (Resident Physician)

16:34 Gonzalez, Diana (Reg Nurse I) 400 mg

Requested By: Gomez, Martha (Auditor)

Printed from: Nassau Univ. Medical Center

24-Oct-18 17:46

End of Report

Besedin 0275

FIRST DISTRICT COURT - FELONY COMPLAINT

CR #: 2017CR304734

Return Date: 02/08/2017 09:00:00

Arrest #: 2017AR300360

Date/Time: 02/07/2017 at: 19:12

Court Docket #:

CR-003642-17NA

Count 1 Offense:
120.05 03

ASSAULT IN THE SECOND
DEGREE

D
FELONY (VIOLENT)

Sector:

121

Case: 2017CR304734

Prepared By:

(9926) BECKWITH, STEPHEN
F

NASSAU COUNTY DISTRICT CT 1ST DISTRICT

THE PEOPLE OF THE STATE OF NEW YORK AGAINST

ROBERT BESEDIN
2510 HARRISON AVE
BALDWIN, NY 11510

DOB: 03/06/1945

AGE: 71

IN THE STATE OF NEW YORK COUNTY OF NASSAU: PO STEPHEN F. BECKWITH, SHIELD#3476,
BEING A MEMBER OF THE NASSAU COUNTY POLICE DEPT DEPOSES AND SAYS THAT

ON OR ABOUT THE 7th DAY OF FEBRUARY, 2017, AT ABOUT 19:11, AT 2510 HARRISON AVE,
BALDWIN, THE DEFENDANT(S) DID VIOLATE NEW YORK STATE PL SECTIONS(S) §120.05 03

COUNT: 1

§120.05 03 ASSAULT IN THE SECOND DEGREE

A person is guilty of assault in the second degree when:

3. With intent to prevent a peace officer, a police officer, prosecutor as defined in subdivision thirty-one of section 1.20 of the criminal procedure law, registered nurse, licensed practical nurse, sanitation enforcement agent, New York city sanitation worker, a firefighter, including a firefighter acting as a paramedic or emergency medical technician administering first aid in the course of performance of duty as such firefighter, an emergency medical service paramedic or emergency medical service technician, or medical or related personnel in a hospital emergency department, a city marshal, a school crossing guard appointed pursuant to section two hundred eight-a of the general municipal law, a traffic enforcement officer or traffic enforcement agent, from performing a lawful duty, by means including releasing or failing to control an animal under circumstances evincing the actor's intent that the animal obstruct the lawful activity of such peace officer, police officer, prosecutor as defined in subdivision thirty-one of section 1.20 of the criminal procedure law, registered nurse, licensed practical nurse, sanitation enforcement agent, New York city sanitation worker, firefighter, paramedic, technician, city marshal, school crossing guard appointed pursuant to section two hundred eight-a of the general municipal law, traffic enforcement officer or traffic enforcement agent, he or she causes physical injury to such peace officer, police officer, prosecutor as defined in subdivision thirty-one of section 1.20 of the criminal procedure law, registered nurse, licensed practical nurse, sanitation enforcement agent, New York city sanitation worker, firefighter, paramedic, technician or medical or related personnel in a hospital emergency department, city marshal, school crossing guard, traffic enforcement officer or traffic enforcement agent;

TO WIT: ON THE AFOREMENTIONED DATE, TIME AND PLACE OF OCCURRENCE YOUR DEPONENT STATES THE DEFENDANT, AFTER BEING ADVISED THAT HE WAS UNDER ARREST BY OFFICERS BECKWITH AND MANTOVANI AND TO PLACE HIS HANDS BEHIND HIS BACK, DID VIOLENTLY FLAIL HIS ARMS, KICK AND SCREAM AND PUSH OFFICER MANTOVANI DOWN 4 STEPS ON THE EXTERIOR OF HIS HOME. AS

BESEDIN.0276

FIRST DISTRICT COURT - FELONY COMPLAINT

CR #: 2017CR304734

Arrest #: 2017AR300360

Date/Time: 02/07/2017 at: 19:12

Return Date: 02/08/2017 09:00:00

Court Docket #: _____

A RESULT OF STUMBLING DOWN 4 STEPS, PO MANTOVANI DID SUFFER PAIN AND SWELLING TO HIS LEFT WRIST AND BACK, SMALL LACERATIONS TO HIS HANDS, AND SUBSTANTIAL PAIN AND SWELLING TO HIS LEFT ANKLE WHICH WAS SUBSEQUENTLY DIAGNOSED AS SPRAINED AFTER RECEIVING MEDICAL TREATMENT AT SOUTH NASSAU COMMUNITIES HOSPITAL.

THE ABOVE IS BASED ON THE INFORMATION AND BELIEF, THE SOURCE OF SAID INFORMATION AND BELIEF BEING YOUR DEPENDENTS PERSONAL INTERACTIONS AND OBSERVATIONS WITH THE DEFENDANT AND A COPY OF PO MANTOVANI'S MEDICAL RELEASE FORMS FROM SOUTH NASSAU COMMUNITIES HOSPITAL DIAGNOSING PO MANTOVANI WITH A SPRAINED LEFT ANKLE.

*ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS A MISDEMEANOR, PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

SUBSCRIBED BEFORE ME THIS
8th DAY OF FEBRUARY, 2017

PO STEPHEN F. BECKWITH

LT KEVIN C. DRISCOLL

BESEDIN.0277

FIRST DISTRICT COURT - INFORMATION

CR #: 2017CR304734

Return Date: 02/08/2017 09:00:00

Arrest #: 2017AR300360

Date/Time: 02/07/2017 at: 19:12

Court Docket #: _____

Count 1 Offense:
205.30

RESISTING ARREST

A
MISDEMEANORSector:
121

Case: 2017CR304734

Prepared By:
(9926) BECKWITH, STEPHEN
F

NASSAU COUNTY DISTRICT CT 1ST DISTRICT

THE PEOPLE OF THE STATE OF NEW YORK AGAINST

ROBERT BESEDIN	DOB: 03/06/1945	AGE: 71
2510 HARRISON AVE		
BALDWIN, NY 11510		

IN THE STATE OF NEW YORK COUNTY OF NASSAU: PO STEPHEN F. BECKWITH , SHIELD#13476,
BEING A MEMBER OF THE NASSAU COUNTY POLICE DEPT DEPOSES AND SAYS THAT

ON OR ABOUT THE 7th DAY OF FEBRUARY, 2017, AT ABOUT 19:11, AT 2510 HARRISON AVE,
BALDWIN, THE DEFENDANT(S) DID VIOLATE NEW YORK STATE PL SECTIONS(S) §205.30

COUNT: 1

§205.30 RESISTING ARREST

A person is guilty of resisting arrest when he intentionally prevents or attempts to
prevent a police officer or peace officer from effecting an authorized arrest of
himself or another person.

TO WIT: YOUR DEPONENT, STATES THAT BASED ON INFORMATION AND BELIEF, THE SOURCE OF
SUCH INFORMATION AND BELIEF BEING A POLICE INVESTIGATION AND PERSONAL OBSERVATIONS,
THE DEFENDANT ROBERT BESEDIN DID INTENTIONALLY PREVENT POLICE OFFICERS FROM
PERFORMING AN OFFICIAL FUNCTION BY REFUSING TO COMPLY WITH A LAWFUL ORDER OF THE
POLICE TO PLACE HIS HANDS BEHIND HIS BACK AND SUBMIT TO AN ARREST FOR SLAPPING YOUR
DEPONENTS OUTSTRETCHED HAND WHILE YOUR DEPONENT WAS GIVING THE DEFENDANT LAWFUL
ORDERS TO BACK AWAY FROM POLICE OFFICERS CONDUCTING A POLICE INVESTIGATION. WHEN
OFFICERS ATTEMPTED TO PLACE DEFENDANT BESEDIN UNDER ARREST HE VIOLENTLY FLAILED HIS
ARMS, KICKED, SCREAMED AND PUSHED OFFICER MANTOVANI DOWN 4 STEPS, AND REFUSED TO
COMPLY WITH LAWFUL ORDERS. AS A RESULT, POLICE OFFICER MANTOVANI SUSTAINED CUTS,
SCRAPES AND A SPRAINED ANKLE.

*ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS A MISDEMEANOR, PURSUANT TO
SECTION 210.45 OF THE PENAL LAW.

SUBSCRIBED BEFORE ME THIS
8th DAY OF FEBRUARY, 2017

PO STEPHEN F. BECKWITH

LT KEVIN C. DRISCOLL

BESEDIN.0278

FIRST DISTRICT COURT - INFORMATION

CR #: 2017CR304734

Arrest #: 2017AR300360

Date/Time: 02/07/2017 at: 19:12

Return Date: 02/08/2017 09:00:00

Court Docket #: _____

Count 1 Offense:
240.26 01HARASSMENT IN THE SECOND
DEGREESector:
121

Case: 2017CR304734

Prepared By:
(9926) BECKWITH, STEPHEN
F

NASSAU COUNTY DISTRICT CT 1ST DISTRICT

THE PEOPLE OF THE STATE OF NEW YORK AGAINST

ROBERT BESEDIN DOB: 03/06/1945 AGE: 71
2510 HARRISON AVE
BALDWIN, NY 11510

IN THE STATE OF NEW YORK COUNTY OF NASSAU: PO STEPHEN F. BECKWITH, SHIELD#13476,
BEING A MEMBER OF THE NASSAU COUNTY POLICE DEPT DEPOSES AND SAYS THAT

ON OR ABOUT THE 7th DAY OF FEBRUARY, 2017, AT ABOUT 19:11, AT 2510 HARRISON AVE,
BALDWIN, THE DEFENDANT(S) DID VIOLATE NEW YORK STATE PL SECTIONS(S) §240.26 01

COUNT: 1

§240.26 01 HARASSMENT IN THE SECOND DEGREE

A person is guilty of harassment in the second degree when, with intent to harass,
annoy or alarm another person:

1. He or she strikes, shoves, kicks or otherwise subjects such other person to
physical contact, or attempts or threatens to do the same.

TO WIT: YOUR DEPONENT STATES THAT BASED UPON INFORMATION AND BELIEF, THE SOURCE OF
SUCH INFORMATION AND BELIEF BEING A POLICE INVESTIGATION, AND POLICE OBSERVATIONS,
THE DEFENDANT ROBERT BESEDIN DID, WITH INTENT TO ALARM YOUR DEPONENT, SLAP YOUR
DEPONENTS OUTSTRETCHED HAND WHILE YOUR DEPONENT WAS GIVING THE DEFENDANT LAWFUL
ORDERS TO BACK AWAY FROM POLICE OFFICERS CONDUCTING A POLICE INVESTIGATION.

*ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS A MISDEMEANOR, PURSUANT TO
SECTION 210.45 OF THE PENAL LAW.

SUBSCRIBED BEFORE ME THIS
8th DAY OF FEBRUARY, 2017

PO STEPHEN F. BECKWITH

LT KEVIN C. DRISCOLL

BESEDIN.0279

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

----- X
ROBERT BESEDIN, SR.,

DOCKET NO.: CV-18-819

Plaintiff,

-against-

COMPLAINT

COUNTY OF NASSAU, NASSAU COUNTY POLICE
DEPARTMENT, POLICE OFFICER STEPHEN
BECKWITH AND POLICE OFFICER JOHN
MANTOVANI in their individual and official capacities,

Defendants.
----- X

JURY TRIAL DEMANDED

Plaintiff, ROBERT BESEDIN, SR., by and through his attorneys, THE LAW OFFICES
OF FREDERICK K. BREWINGTON, as and for his Complaint against the Defendants herein,
states and alleges as follows:

PRELIMINARY STATEMENT

1. This is a civil action seeking monetary relief, a declaratory judgment, compensatory and punitive damages, disbursements, costs and fees for violations of the Plaintiff's rights, false arrest, wrongful imprisonment, abuse of process, assault, battery, unreasonable use of force, excessive force, failure to intervene, denial of access to courts, fabrication of evidence, intentional infliction of emotional distress, negligence and gross negligence, brought pursuant to 42 U.S.C. § 1983, the 4th, 5th, 6th and 14th Amendments to the United States Constitution and New York State Law and depriving Plaintiff of rights secured by the Constitution and laws of the United States.

2. Plaintiff alleges that Defendant POLICE OFFICERS assaulted, battered, falsely accused, falsely arrested, falsely imprisoned, and maliciously prosecuted ROBERT BESEDIN, SR. all in violation of his constitutional and civil rights.

3. Plaintiff alleges that Defendants NASSAU COUNTY, and Nassau COUNTY POLICE DEPARTMENT were negligent in training, hiring and supervising Defendant officers, thus leading to the unjustified excessive force, assault, false arrest, false imprisonment, malicious prosecution and other violations of ROBERT BESEDIN, SR. Plaintiff alleges that the arrest was made in an attempt to justify the flagrantly improper and unjustified conduct of Defendant POLICE OFFICERS.

4. Defendant POLICE OFFICERS without probable cause, justification or any reason except an intent to deprive Plaintiff of his rights, and their knowledge that their conduct has the tacit authorization of NASSAU COUNTY, and Nassau COUNTY POLICE DEPARTMENT, excessively beat, falsely charged, and falsely imprisoned Plaintiff in an effort to cover up their wrongdoing. Said use of unjustified force upon Plaintiff deprived him of his civil and constitutional rights.

5. Plaintiff alleges that NASSAU COUNTY, and Nassau COUNTY POLICE DEPARTMENT are liable for the assault, battery, excessive force, false arrest, and false imprisonment, because the NASSAU COUNTY, and Nassau COUNTY POLICE DEPARTMENT has abused, condoned, and permitted a pattern of abuse of process of arrested persons, and has failed to properly investigate such incidents and discipline the officers involved. As a result police officers including these Defendants (collectively and individually) were deliberately indifferent to the need to train Officers of the NASSAU COUNTY, and Nassau COUNTY POLICE DEPARTMENT. Police Officers, including these DEFENDANTS, are encouraged to believe that they could violate the rights of persons, such as the Plaintiff, with impunity, and that the Nassau COUNTY POLICE DEPARTMENT has, and will, continue to act in violation of an individual's rights, constituting through their actions and failures a policy and/or pattern.

6. As a result of the Defendants' actions (or lack thereof), Plaintiff suffered physical pain and suffering, was caused to undergo medical treatment for serious physical injuries that he sustained at the hands of Defendants as a result of their use of excessive force and failure to provide medical attention to Plaintiff. Plaintiff incurred significant cost and expenses due to the Defendants' actions, including but not limited to: substantial legal fees, medical bills, loss of potential employment, serious physical injuries, and other cost/expenses.

JURISDICTION AND VENUE

7. This action is brought pursuant to 42 U.S.C. §§ 1981, 1983, 1985 and 1988 and the First, Fourth, Fifth, Sixth and Fourteenth Amendments to the United States Constitution. Jurisdiction is founded upon 28 U.S.C. Sections 1331 and 1341 (3) & (4) and the aforementioned statutory and constitutional provisions. Plaintiff further invokes the pendent jurisdiction of this Court to hear and decide claims arising under state law.

8. Venue herein is proper under 28 U.S.C. § 1391(b); the cause of action arose in the Eastern District of New York, and upon information and belief, all of the parties reside in or are located in Nassau County.

9. That prior hereto Plaintiff in conjunction with his State claims filed a Notice of Claim in compliance with General Municipal Law Section 50 et. seq.

10. That more than 30 days have elapsed and Defendants have failed and refused to pay or adjust same.

PARTIES

11. Plaintiff ROBERT BESEDIN, SR. is and was at all times relevant herein is an adult citizen of the United States.

12. That Defendant the NASSAU COUNTY (hereinafter referred to as "COUNTY") was and is a duly constituted municipal corporation of the State of New York existing and operating under and by the virtue of the laws of the State of New York.

13. Defendant Nassau COUNTY POLICE DEPARTMENT (hereinafter "POLICE DEPARTMENT") is an agency of NASSAU COUNTY.

14. That DEFENDANT POLICE OFFICERS STEPHEN BECKWITH AND JOHN MANTOVANI, (hereinafter referred to as "DEFENDANT OFFICERS"), were at all times herein mentioned police officers, employed by the COUNTY and POLICE DEPARTMENT under the direction of COUNTY and POLICE DEPARTMENT, and DEFENDANT OFFICERS were acting in furtherance of the scope of their employment, acting under color of law, to wit under color of statutes, ordinances, regulations, policies, customs and usages of the State of New York and/or the COUNTY and POLICE DEPARTMENT.

15. Upon information and belief, that all times hereinafter mentioned, and at the time of the commencement of this action, the DEFENDANT OFFICERS were, and are, citizens and residents of the State of New York.

16. That Defendant COUNTY was and is the employer of members of the POLICE DEPARTMENT.

17. That DEFENDANT OFFICERS were state actors on February 7, 2017 and continued to be so thereafter.

18. That on February 7, 2017, DEFENDANT OFFICERS were Nassau COUNTY Police Officers, employed by Defendant COUNTY, and acted as agents of Defendant COUNTY.

19. At all times relevant in this Complaint, and upon information and belief, DEFENDANT OFFICERS served as the complaining witnesses against Plaintiff in criminal

proceedings and served as the source of information to the District Attorney's Office, supplying allegations and claims against Mr. Besedin which were false.

FACTUAL BACKGROUND

20. Plaintiff is an White male and currently 73 years of age. At all times relevant to this Complaint Plaintiff was a resident of Nassau County.

21. On or about February 7, 2017, at or about 7:10 p.m. in Baldwin, Nassau County, State of New York Plaintiff Besedin was peacefully and lawfully standing on the porch of his home speaking with officers who were not within his reach, when DEFENDANT OFFICERS came up onto the porch and attacked Plaintiff.

22. Plaintiff had recently spoken to the officers in his home as they apparently were responding to 911 calls previously made by Plaintiff. Upon information and belief some or many of 911 calls were made by the Plaintiff's phone of which he was not fully aware that his phone had redialed the 911 number. Upon exiting the home after speaking to Mr. Besedin, Plaintiff remained on the porch of his home and the officers descended the approximately four steps to the ground level and continued to speak with Mr. Besedin.

23. While lawfully and peacefully talking to the Defendants, and without being disruptive to the public, Mr. Besedin, Sr. was rushed by the POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI who hurriedly climbed the steps and violently seized Plaintiff by his neck and upper body and threw him head first down the set of stairs.

24. The officers, without cause, used unnecessary and unwarranted force and grabbed Mr. Besedin, Sr. and in doing so grabbed Mr. Besedin, Sr. about his body, including his neck and forcibly propelled the then 72 year old man downward with the full force of their bodies.

25. Then the officers abused Mr. Besedin, Sr. and wrongfully and abusively handcuffed him. Although Mr. Besedin, Sr. complied with the officers' request(s) the officers continued to abuse Mr. Besedin, Sr.

26. Plaintiff was forcefully and brutally slammed and thrown to the ground, manhandled, kneed, cut and bruised as he was beaten by the aforementioned DEFENDANT OFFICERS to the point that he suffered scars to his head, back, elbows, wrists and legs. He was slammed down against the steps causing his back and buttock to violently collide with the edge and angle of the steps.

27. Based on surveillance video tape, which captured accounts at the scene of the incident at the time, Mr. Besedin, Sr. was approached by the above-stated DEFENDANT OFFICERS as stated above and was victimized by the DEFENDANT OFFICERS.

28. POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI wrote and gave false statements and testimony; provided false police reports, tampered with evidence, fabricated evidence, intimidated Mr. Besedin, Sr., falsely arrested Mr. Besedin, Sr., falsely accused Mr. Besedin, Sr. of crimes which he did not commit, falsely prosecuted Mr. Besedin, Sr., subjected Mr. Besedin, Sr. to a malicious abuse of criminal process, abused process, wrote and submitted false investigation/reports, and/or provided false information in furtherance of an official investigation into the incident.

29. DEFENDANT OFFICERS then, without cause or justifiable basis, charged Plaintiff with several crimes including Felony Assault in the Second Degree on a Police officer, Resisting Arrest and Harassment in the Second Degree.

30. Mr. Besedin was falsely charged and DEFENDANTS continued to be falsely, abusively and maliciously prosecute Mr. Besedin for nearly a year until all charges were dismissed on January 29, 2018 after Mr. Besedin refused to allow the Office of the Nassau County District

Attorney any further adjournments.

31. At all times, DEFENDANT OFFICERS were aware that Plaintiff committed no crimes and that their charges were false. Mr. Besedin suffered severe and serious injuries as a direct result of the beating, use of unreasonable force and excessive force by DEFENDANT OFFICERS.

32. At all times, Defendant police officers POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI were aware that Mr. Besedin, Sr. committed no crimes and that their charges were false and manufactured to coverup the brutal and senseless actions of POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI. Thereafter, Mr. Besedin, Sr. was brought to the police Precinct. After Mr. Besedin, Sr. began to complain about the abuse to which he was subjected he was further abused verbally.

33. Mr. Besedin, Sr. sustained multiple injuries including, but not limited to lacerations and cuts, mental anguish, bleeding, being subjected to the Criminal Justice system, being jailed, suffering a concussion, hitting his head, being knocked unconscious, lacerations and cuts, injury to his left elbow and arms, injury to his wrists, injury to his shoulders, injury to his back and being manhandled during his unlawful abuse, scarring, loss of blood, physical pain, embarrassment, mental pain and suffering, incarceration, damage to his name and reputation, court fees, legal fees and costs, medical costs/fees, property damage and other monetary damages due to the COUNTY OF NASSAU, NASSAU COUNTY POLICE DEPARTMENT, POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI's violation of his various rights, and other monetary damages due to the NASSAU COUNTY and NASSAU POLICE DEPARTMENT's violation of his various rights.

34. Then in a course of retaliation and abuse, Mr. Besedin, Sr., was issued a series of

parking tickets and violations for parking his vehicle in the front of his own home as he had done for a long period of time before February 7, 2017. Mr. Besedin, Sr. suffered severe injuries as described above.

35. Plaintiff was forced to answer false charges and at arraignment was further deprived of his freedom and had bail in the amount of \$5,000 cash over \$10,000 bond was set against him. As a result of the false and wrongful charges Mr. Besedin was detained in the Nassau County Correction Center for approximately three days before he could pay his bail and secure his liberty.

36. Just prior to the time of the filing of this Complaint Plaintiff remained obligated to appear in Court to answer the charges which had been leveled against him by Defendants; including but not limited to DEFENDANT POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI each of whom have actively engaged in falsely charging and prosecuting the Plaintiff.

37. DEFENDANT OFFICERS lodged false and malicious charges against Plaintiff, and wrongfully and improperly arrested Plaintiff without probable cause in an attempt to justify and cover up their own wrongful and violative actions. Each of the DEFENDANT OFFICERS have engaged in the preparation of false and misleading reports and documents intended to further the prosecution of Plaintiff, and to cause Mr. Besedin, Sr. further injury and distress following his abusive and violent treatment and beating.

38. The Defendant Officers POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI filed a Felony Complaint and two District Court Informations under oath and falsely alleged that Mr. Besedin slapped the out stretched hand of Defendant Beckwith while Defendant Beckwith was giving Mr. Besedin orders to back away from

the Defendant Officers. They also falsely alleged that Mr. Besedin violently flailed his arms, kicked, screamed and pushed Defendant Mantovani down four steps and that Mr. Besedin refused to comply with lawful orders.

39. Each of the three charging documents (Felony Complaint and two District Court Informations) were dated February 8, 2017 and were sworn documents which contained the statement "*Any false statement made herein is punishable as a class A misdemeanor, pursuant to Section 210.45 fo the penal law.*" (Emphasis added)

40. Rather than admit their wrongful actions and avoid perjury and making false statements, Defendant Officers colluded and conspired to violating Penal Law §120.05(03) (Felony Assault in the Second Degree conduct); §205.30 (Resisting Arrest); and §240.26(01) (Harassment in the Second Degree.) The commencement of the criminal proceeding was an abuse of the use of legal process and intended to mask the clear violations suffered by Mr. Besedin, Sr. at the hands of the Defendant Officers.

41. Although Plaintiff was made to suffer serious injuries on February 7, 2017, which required intensive and specialized medical treatment. Mr. Besedin pleaded not guilty to all charges and has maintained his innocence to the charges.

42. At no time during the attack on Plaintiff by DEFENDANT OFFICERS did Plaintiff resist or provide any form of force or resistance against any of the DEFENDANT POLICE OFFICERS that were attacking him.

43. On said date, although the Plaintiff had committed no crime or broken any law for which he was charged, exhibited no assaultive behavior, said DEFENDANT OFFICERS engaged in the aforementioned prohibited conduct all in violation of the Plaintiff's constitutionally protected rights.

44. DEFENDANT OFFICERS conspired and concocted the trumped up allegations of wrongdoing on the part of Plaintiff, wherein they accused Plaintiff of Harassment, Resisting Arrest and Felony Assault.

45. DEFENDANT OFFICERS detained and arrested the Plaintiff, although no probable cause existed for said arrest. Despite the obvious violations occurring against Mr. Besedin, none of the DEFENDANT OFFICERS intervened to prevent the wrongful beating, abuse and mistreatment of Plaintiff including the filing of false criminal charges against him.

46. DEFENDANT OFFICERS, with no provocation, handcuffed and brutally beat Plaintiff with their hands, feet, knees and fists as well subjecting him to use of hurling him down steps, slamming him against the ground and steps, causing severe physical and emotional injuries to Plaintiff's person.

47. Plaintiff, ROBERT BESEDIN, SR., continues to suffer emotionally and physically, often coping with sleeplessness and night terrors, which affects his ability to function as he did before the incident.

48. Plaintiff, ROBERT BESEDIN, SR., continues to suffer from physical disfigurement, scarring, abnormalities in movement, pain and aching as a result of Defendants', individually and collectively, actions and failures to act.

AS AND FOR A FIRST COUNT
42 U.S.C. § 1983
FALSE ARREST, MALICIOUS PROSECUTION, UNREASONABLE AND
EXCESSIVE USE OF FORCE

49. Plaintiff repeats, reiterates and realleges each and every allegation contained in paragraphs 1 through 48 of this Complaint with the same force and effect as though fully set forth herein.

50. On or about February 7, 2017, Plaintiff was placed in fear of his life, falsely seized, falsely detained and falsely arrested by DEFENDANTS and subjected to excessive and unreasonable use of force and unlawful search and seizure.

51. On or about February 7, 2017, Plaintiff was placed in fear of his life, falsely arrested, falsely seized, detained, and held for an unreasonable period of time against his will without justification, explanation or rationale for such detention.

52. On or about February 7, 2017, while being detained, Plaintiff was subject to excessive and unreasonable use of force, which was demeaning in nature.

53. On or about February 7, 2017, while being detained, DEFENDANT OFFICERS beat Plaintiff about his body and head, subjected him to loss of consciousness, loss of blood, fear, permanent scarring, loss of function, loss of freedom, loss of use of body parts and other serious injuries, which they knew would be a likely outcome of their action and were indeed the outcomes and injuries that DEFENDANT OFFICERS caused.

54. On or about February 7, 2017, while being detained, DEFENDANT OFFICERS kicked, punched, and otherwise subjected Plaintiff to excessive and unreasonable use of force which caused loss of consciousness, concussion, post concussion syndrome, permanent scarring, loss of blood, physical pain, headaches, neurological deficits, prolonged pain, medical treatment, embarrassment, mental pain and suffering, incarceration, damage to name and reputation, court fees, legal fees and costs, medical costs/fees, and other monetary damages. As a result of the DEFENDANT OFFICERS' actions Plaintiff suffered and continues to suffer.

55. Upon information and belief such seizure, arrest and detention was ordered and was carried out by DEFENDANT COUNTY, DEFENDANT POLICE DEPARTMENT and DEFENDANT OFFICERS.

56. DEFENDANT OFFICERS from DEFENDANT POLICE DEPARTMENT, were present on February 7, 2017 in or around the vicinity of 2510 Harrison Avenue in Baldwin, Nassau County, State of New York and participated in the unlawful detention, arrest, and beating of Plaintiff.

57. DEFENDANT OFFICERS from the Nassau COUNTY Police Department failed to take any action to prevent this unlawful behavior by the DEFENDANT OFFICERS.

58. Upon information and belief, such seizure, arrest, detention, and assault was ordered, condoned and authorized by the COUNTY DEFENDANTS and DEFENDANT OFFICERS, with a callous, deliberate indifference to Plaintiff's known constitutional rights.

59. Upon information and belief, each DEFENDANT OFFICER took an active role in creating and manufacturing the allegations made against Plaintiff.

60. As part of the false arrest, detention, and accusations, DEFENDANT OFFICERS caused Plaintiff to be seized, arrested, forced to get medical treatment and held in a dangerous, compromising position for an unreasonable time without, probable cause and caused him to be deprived of his liberty, without due process and was further exposed to disgrace, public humiliation and embarrassment.

61. The DEFENDANT OFFICERS individually and collectively knew at the time of Plaintiff's arrest, and at all times since then, that they were not in possession of any evidence consistent with and sufficient to establish his guilt and were based solely, or in part, on DEFENDANTS' discriminatory and violative actions due to his race and color.

62. Each of the DEFENDANTS, acting under color of law, acted separately and in concert and without authorization of law. Each of the DEFENDANTS, separately and in concert with each other, acted willfully, knowingly and purposefully with the specific intent to deprive

Plaintiff of his right to freedom from excessive force, illegal seizure of his person, freedom from illegal detention, and imprisonment. All of these rights are secured to Plaintiff by the provisions of the due process clause of the Fifth, Sixth and Fourteenth Amendments to the Constitution of the United States, the Fourth Amendment, as well as the Equal Protection clause of the Fourteenth Amendment and by 42 U.S.C. § 1983. In addition, Plaintiff was denied access to an attorney at the time of his wrongful and abusive punishment and was subjected to summary punishment without providing any of the rights to which he was entitled including right to counsel.

63. None of the Defendants took action to prevent the wrongful actions taken against the Plaintiff causing false criminal proceedings to continue against the Plaintiff, abuse of process and retaliation for trying to exercise her right to speak on a matter of public speech.

64. Each of the Defendants condoned the wrongful, grossly negligent, reckless, callous, careless and intentional acts taken as set out herein and each had an affirmative responsibility to prevent, expose and reverse said wrongful, grossly negligent, reckless, callous, careless and intentional acts but instead furthered and condoned said wrongful acts.

65. COUNTY and DEPARTMENT through their actions, violated the due process rights guaranteed to Mr. Besedin under the Fourteenth Amendment of the United States Constitution.

66. In falsely arresting, falsely imprisoning, abusing, detaining, coercing, threatening, intimidating and falsely charging Plaintiff, and denying Plaintiff his right to be free from unreasonable search and seizure from the DEFENDANTS, and each of them, knew or should have known they were violating laws of the State of New York and those statutory and constitutional rights set forth herein causing harm to Plaintiff.

67. As a direct and proximate result of the aforesaid acts of the DEFENDANTS, Plaintiff suffered great physical harm, property damage, mental anguish and violations of rights from then until now and he will continue to so suffer in the future, having been greatly humiliated and mentally injured, as a result of the foregoing acts of the DEFENDANTS.

68. Plaintiff was forced to incur great expense due to the filing of this Complaint for attorney's fees, investigation expenses, and other expenses in clearing his name against the unfounded and unwarranted allegations by the DEFENDANTS, which have been a serious burden on Plaintiff.

69. That by reason of the foregoing, Plaintiff has been placed in fear of his life, suffers significant emotional damages, distress, pain, suffering, loss of self-esteem, self-doubt and has been exposed to disgrace, public humiliation and embarrassment, was deprived of access to his family, was deprived of his constitutional rights and has been damaged in the sum of Five Million (\$5,000,000.00) Dollars.

AS AND FOR A SECOND COUNT
42 U.S.C. §1983 - ABUSE OF PROCESS

70. The Plaintiff repeats, reiterates and re-alleges each and every allegation contained in paragraphs 1 through 69 of this Complaint with the same force and effect as though fully set forth herein.

71. The Collective Defendants intentionally, recklessly and maliciously filed and/or caused to be filed, a false, inaccurate, and/or misleading criminal complaint against Plaintiff ROBERT BESEDIN, SR. Said criminal complaint was made by the aforementioned Defendants without research and investigation (of any kind) into the veracity and/or truthfulness of said complaint.

72. The false criminal complaint lodged by Defendants against ROBERT BESEDIN, SR. was done with knowledge that the facts contained therein were false, misleading and/or otherwise inaccurate.

73. Defendants POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI did not file said criminal complaint as a result of actual knowledge that a crime was committed, determined through investigation and/or a simple rudimentary search, which was available to Defendants.

74. Instead, Defendants POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI filed said false criminal complaint against Plaintiff ROBERT BESEDIN, SR. with an ulterior purpose/motive to subject Plaintiff as punishment without lawful court order and to collect payment and various forms of restitutions from Plaintiff to which Defendants were not entitled.

75. Defendants subjected Plaintiff to the criminal justice system without just cause or reason. DEFENDANTS abused the criminal justice system in arresting, charging, prosecuting and conducting a public trial in attempt to satisfy their personal attempt to satisfy their personal goals and their own warped sense of power.

76. COUNTY and DEPARTMENT's motive for subjecting Plaintiff ROBERT BESEDIN, SR. to false criminal process included but was not limited to a cover-up of their wrong doings, and to level their charges against Plaintiff in an effort to ensure that Plaintiff would be convicted and would not be able to pursue his rights in court for her false arrest. Defendants also intended to cripple Plaintiff financially by forcing his into submitting to restitution payments, and courts fees/fines - not because they knew or believed that Plaintiff committed any criminal acts.

77. The Defendants' clear intentions was to use the criminal justice system to cause harm to Plaintiffs without proper motive, excuse or justification of any kind.

78. Defendants' use of criminal process for the aforementioned improper purpose amounted to an abuse of said process, which was initiated and used to the detriment of Plaintiffs solely for a purpose that was/is outside the legitimate ends of the legal process.

79. Defendants COUNTY, POLICE OFFICER STEPHEN BECKWITH, POLICE OFFICER JOHN MANTOVANI and DEPARTMENT , with knowledge of the inaccuracy and/or falsity of said criminal complaints made by Defendants POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI, and without any investigation and/or rudimentary query, intentionally, recklessly and maliciously caused to be filed, said false, inaccurate, and/or misleading criminal complaint against Plaintiff ROBERT BESEDIN, SR.

80. The subsequent false arrest and malicious prosecution of Plaintiff ROBERT BESEDIN, SR. was done by Defendants COUNTY, DEPARTMENT, POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI with knowledge that the facts contained therein were false, misleading and/or otherwise inaccurate.

81. Defendant POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI did not initiate the arrest and prosecution of Plaintiff as a result actual knowledge that a crime was committed.

82. Instead, Defendant Officers searched, seized, harassed, annoyed, falsely arrested, falsely imprisoned, and maliciously prosecuted Plaintiff with an ulterior purpose/motive to collect payments, and fees. Defendants were motivated by the intent to subject Plaintiff to the criminal system in order to force, coerce and justify restitutions, payments and fees from Plaintiff and to shield themselves from liability from the wrongful actions committed against Plaintiff.

83. Defendants' COUNTY, DEPARTMENT, POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI, clear intention was to falsely arrest, and falsely prosecute Plaintiff ROBERT BESEDIN, SR. and cause harm to Plaintiff without proper motive, excuse, or justification of any kind.

84. Defendants COUNTY, DEPARTMENT, POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI's , use of criminal process for the aforementioned improper purpose amounted to an abuse of said process, which was initiated and used to the detriment of Plaintiff solely for a purpose that was/is outside the legitimate ends of the criminal process (i.e. to prevent criminal and professional liability to Defendants and to obtain personal monetary returns).

85. As a direct consequence of the actions of POLICE OFFICER STEPHEN BECKWITH AND POLICE OFFICER JOHN MANTOVANI , acting in furtherance of their duties as agents of COUNTY and DEPARTMENT, ROBERT BESEDIN, SR. suffered injuries, including but not limited to, temporary loss of pay, stigmatization, embarrassment, harassment, loss of liberty and the infringement of his rights guaranteed to him under the U.S. Constitution.

86. As a direct consequence of the of the actions of the Collective DEFENDANTS, ROBERT BESEDIN, SR. suffered temporary loss of employment, loss of standing in the community, loss of time, criminal record, loss of freedom, loss of quality of life, arrest record, premature retirement and loss of regular income, damage to name and reputation, special damage, attorney's fees, incidental fees/costs, loss of property and other financial impairments.

87. That by reason of the foregoing, Plaintiff suffered and continues to suffer irreparable injury and monetary damages in excess of FIVE MILLION (\$5,000,000.00) DOLLARS, as well as punitive damages, costs and attorney's fees, and any other relief this Court

may find just and proper.

AS AND FOR A THIRD COUNT
42 U.S.C. § 1983 - MUNICIPAL LIABILITY

88. Plaintiff repeats and re-alleges each and every allegation contained in paragraph 1 through 87 of this Complaint with the same force and effect as though fully set forth herein.

89. Prior to February 7, 2017 and since, the NASSAU COUNTY has permitted and tolerated a pattern and practice of unjustified, unreasonable and illegal uses of force, abuse of authority, beatings, and uses of weapons by police officers of the NASSAU COUNTY POLICE DEPARTMENT. Although such beatings, abuse of authority, illegal use of force, and use of weapons were improper, the officers involved were not seriously prosecuted, disciplined, or subjected to restraint, and such incidents were in fact covered up with official claims that the beatings, use of force, and uses of weapons were justified and proper. As a result, NASSAU COUNTY police officers within their jurisdiction were caused and encouraged to believe that civilian persons could be beaten or abused under circumstances not requiring the use of excessive force, and that such abuse and beatings would in fact be permitted by the DEFENDANT COUNTY.

90. In addition to permitting a pattern and practice of improper beatings and abuses in DEFENDANT COUNTY and by DEFENDANT POLICE DEPARTMENT, DEFENDANTS have failed to maintain a proper system of investigation of all incidents of unjustified beatings, abuses of authority, and excessive use of force by police officers.

91. DEFENDANT COUNTY has failed to respond to the continuing and urgent need to prevent, restrain, and discipline police officers who wrongfully, beat, abuse authority, use excessive force, and abuse civilians, and DEFENDANT COUNTY has failed to find that civilian

complaints made against police officers are founded or valid in anyway. Therefore, DEFENDANT COUNTY is liable under 42 U.S.C. §1983 because the DEFENDANT COUNTY has had actual and/or constructive knowledge of the patterns of abuse and excessive force against citizens by its police officers, employees, and/or agents in violation of the United State Constitution, and because of the DEFENDANT COUNTY'S, and DEFENDANT POLICE DEPARTMENT's un-meaningful policy and custom for reviewing complaints of misconduct, the DEFENDANT OFFICERS relied upon that flawed policy to continue their patterns of their abusive authority, physical abuse, excessive force, and false arrests, all in violation of the Plaintiff's rights.

92. DEFENDANTS COUNTY and POLICE DEPARTMENT have maintained a system of review of unjustified seizures, beatings, shootings, and excessive use of force by police officers that has failed to identify the improper abuses of authority, brutality by police officers and failed to subject officers who abused, beat and/or brutalized citizens to discipline, closer supervision, or restraint, to the extent that it has become the custom of the DEFENDANT COUNTY to tolerate the improper abuses of authority beatings, illegal arrests and other wrongful actions by police officers.

93. Further, the DEFENDANT COUNTY and DEFENDANT POLICE DEPARTMENT, who maintain either supervisory and/or decision-making positions, permitted a practice of improper investigation, supervision, discipline and retention of Defendant Officers. The DEFENDANT COUNTY and DEFENDANT POLICE DEPARTMENT also refused and failed to prosecute the DEFENDANT OFFICERS, thereby improperly and in violation of the Plaintiff's rights neglected, failed, and/or delayed in administering an investigation of the circumstances surrounding the instant matter and neglected, failed, and/or delayed in presenting the matter to the District Attorney of the County of Nassau for presentation to the Grand Jury.

94. Upon information and belief, specific systemic flaws in the DEFENDANT COUNTY brutality review process include, but are not limited to, the following:

- a. Preparing reports regarding investigations of beatings and abuse incidents as routine point-by-point justifications of police officer actions, regardless of whether such actions are justified;
- b. Police officers investigating beatings systemically fail to credit testimony by non-police officer witnesses, and uncritically rely on reports by police officers involved in the incident;
- c. Police officers investigating beatings fail to include in their reports relevant factual information which would tend to contradict the statements of the police officers involved;
- d. Supervisory police officers at times issue public statements exonerating police officers for excessive use of force, improper beatings, and use of unnecessary and excessive force before the investigation of the incident by the police department has been completed;
- e. Reports in brutality cases are not reviewed for accuracy by supervisory officers. Conclusions are frequently permitted to be drawn on the basis of clearly incorrect or contradictory information.

95. The foregoing acts, omissions, systemic flaws, policies and customs of the Defendants COUNTY and POLICE DEPARTMENT caused the DEFENDANT OFFICERS to believe that brutality and other improper actions would not be aggressively, honestly and properly investigated, with the foreseeable result that officers are most likely to use excessive force in situations where such force is neither necessary nor reasonable.

96. As a consequence of Defendants' wrongful actions, intentional, negligent, and reckless behavior, and violations of state and federal laws, Plaintiff was deprived of his freedom, was made to suffer physical injuries, great pain and suffering, property damage, and was subjected to great fear and terror, personal humiliation, degradation, and continued to suffer physical pain and mental and emotional distress as a result of the aforesaid unlawful conduct of the Defendants.

97. As a direct and proximate result of the aforesaid acts of the DEFENDANTS, Plaintiff suffered great physical harm, mental anguish and violations of rights from then until now and he will continue to so suffer in the future, having been greatly humiliated and mentally injured, as a result of the foregoing acts of the DEFENDANTS.

98. Plaintiff was forced to incur great expense due to the filing of this complaint for attorney's fees, investigation expenses, and other expenses in clearing his name against the unfounded and unwarranted allegations by the DEFENDANTS, which have been a serious burden on Plaintiff.

99. That by reason of the foregoing, Plaintiff suffered and continues to suffer irreparable injury and monetary damages in excess of FIVE MILLION (\$5,000,000.00) DOLLARS, as well as punitive damages, costs and attorney's fees, and any other relief this Court may find just and proper.

AND AS FOR A FOURTH COUNT
42 U.S.C. § 1983 - FAILURE TO INTERVENE

100. The Plaintiff repeats, reiterates and realleges each and every allegation contained in paragraphs 1 through 99 of this Complaint with the same force and effect as though fully set forth herein.

101. DEFENDANT OFFICERS from Nassau County Police Department knew or should have known that the detainment, false arrest, wrongful imprisonment and excessive beating of ROBERT BESEDIN, SR. violated the Plaintiff's rights, guaranteed to him under the Fourth, Fifth, and Fourteenth Amendments and 42 U.S.C. §1983.

102. Each of the said DEFENDANTS had the authority, ability and concurrent duty under 42 U.S.C. § 1983 to prevent the false arrest, wrongful detainment and excessive beating of

the Plaintiff, yet neglected to prevent said violations from occurring, and further failed to intervene to protect or aid the Plaintiff when such violations did in fact occur.

103. DEFENDANT OFFICERS from the DEFENDANT POLICE DEPARTMENT failed to stop these wrongful actions, which constitutes a breach of their duty to do so under 42 U.S.C. § 1983.

104. DEFENDANT OFFICERS from the DEFENDANT POLICE DEPARTMENT knew or should have known that the fabricated accusations against, and physical beating of ROBERT BESEDIN, SR. were violative of his Fourth, Fifth and Fourteenth Amendment rights to due process, and were tantamount to unequal protection under the law, in violation of the Plaintiff's fundamental rights under the Constitution.

105. Said DEFENDANTS had and continued to have the power to prevent the continued due process violations against ROBERT BESEDIN, SR., yet they failed to prevent or dismiss the pending fabricated charges against the Plaintiff, or to protect the Plaintiff from the unwarranted and potential penalties of said charges.

106. DEFENDANT COUNTY's exoneration of and refusal to discipline the DEFENDANT OFFICERS for their misconduct against ROBERT BESEDIN, SR. is neglectful of their duty to prevent the further violation of ROBERT BESEDIN, SR.'s right to compensation under 42 U.S.C. §1983 and the State Law claims, with such violation occurring as a result of said officers being improperly allowed to engage in their wrongful acts and essentially being cleared of any wrongdoing, despite substantial physical evidence to the contrary.

107. As a direct and proximate result of the aforesaid acts of the DEFENDANTS, Plaintiff suffered great physical harm, mental anguish, property damage, and violations of rights from then until now and he will continue to so suffer in the future, having been greatly humiliated

and mentally injured, as a result of the foregoing acts of the DEFENDANTS.

108. Plaintiff was forced to incur great expense due to the filing of this complaint for attorney's fees, investigation expenses, and other expenses in clearing his name against the unfounded and unwarranted allegations by the DEFENDANTS, which have been a serious burden on Plaintiff.

109. That by reason of the foregoing, Plaintiff has been placed in fear of his life, suffers serious emotional damages, distress, pain, suffering, loss of self-esteem, self-doubt and has been exposed to disgrace, public humiliation and embarrassment, was deprived of access to his family, was deprived of his constitutional rights, and has been damaged in the sum of Five Million (\$5,000,000.00) Dollars.

AND AS FOR A FIFTH COUNT
ASSAULT and BATTERY (PENDENT STATE CLAIM)

110. That Plaintiff repeats, reiterates and realleges each and every allegation contained in paragraphs 1 through 109 of this Complaint, with the same force and effect as though fully set forth herein.

111. During all times mentioned herein, the DEFENDANT OFFICERS engaged in the illegal conduct herein mentioned to the injury of Plaintiff ROBERT BESEDIN, SR. and deprived Plaintiff ROBERT BESEDIN, SR. of the rights, privileges and immunities secured to Plaintiff by the Fourth and Fourteenth Amendment of the Constitution of the United States, the laws of the United States and the laws of the State of New York, as pendant claims.

112. That on said date DEFENDANT OFFICERS accosted Plaintiff, and brutally assaulted him without any justification, provocation or assaultive gestures on Plaintiff's part and despite the fact that the Plaintiff ROBERT BESEDIN, SR. had committed no crime or broken any

law, which he was charged with, DEFENDANT OFFICERS detained and arrested Plaintiff with no probable cause.

113. The DEFENDANT OFFICERS visited unwanted, offensive and harmful physical contact upon the Plaintiff, with the intention of causing harm to Plaintiff.

114. DEFENDANT OFFICERS, did cause physical injuries and harm to Plaintiff by punching and hitting him, kicking him, knocking him to the ground, and otherwise assaulting him with their hands.

115. The Plaintiff did not in any way provoke or instigate such attacks, and did not create any threat of harm to the DEFENDANT OFFICERS.

116. Although DEFENDANT OFFICERS acted contrary to the law, they continued their shocking and unjustified conduct by conspiring and contriving with each other on said criminal charges against Plaintiff and they placed Plaintiff in custody.

117. Upon information and belief, said physical abuse and punishment were ordered by, carried out by, and condoned by DEFENDANT COUNTY its agents and employees, who were acting within the course or scope of their employment.

118. That as a result of said beatings, slamming, kneeling, kicking, punches and other actions against Mr. Besedin , the Plaintiff ROBERT BESEDIN, SR. sustained damages and injuries, including but not limited to, personal injuries to his body, property damage, violation of civil rights, loss of income, permanent damage to reputation and standing in the community, loss of comfort, support and companionship, extreme mental and emotional harm and stress, impairment of earning power and other injuries not yet fully ascertained.

119. That by reason of the foregoing, Plaintiff has been placed in fear of his life, emotional damages, distress, pain, suffering, loss of self-esteem, self-doubt and exposed him to

disgrace, public humiliation and embarrassment, was deprived of access to his family and was deprived of his constitutional rights and has been damaged in the sum of Five Million (\$5,000,000.00) Dollars.

AND AS FOR A SIXTH COUNT
FALSE IMPRISONMENT (PENDENT STATE CLAIM)

120. The Plaintiff, repeats, reiterates and realleges each and every allegation contained in paragraph 1 through 119 of this Complaint, with the same force and effect as though fully set forth herein.

121. On or about the 7th day of February, 2017 in the County of Nassau, DEFENDANT OFFICERS maliciously and deliberately, with force and violence, detained and arrested Plaintiff without any probable or reasonable cause and without any warrant or other legal process. DEFENDANT OFFICERS thereupon maliciously with wanton and reckless disregard for his life, beat Plaintiff, and thereafter detained him for an unreasonable length of time against Plaintiff's will and without his consent.

122. Plaintiff was detained for an unreasonable period of time as a result of said false arrest.

123. That DEFENDANTS engaged in the above mentioned actions without probable cause in that they did not honestly, reasonably and in good faith believe Plaintiff to be guilty of any crimes.

124. DEFENDANTS acted maliciously in arresting, detaining, battering, assaulting, and transporting Plaintiff, all against his will in that the DEFENDANTS desired to harm Plaintiff.

125. As a result of the foregoing, Plaintiff has suffered injury to his good name and reputation and has suffered great mental and bodily distress during his false imprisonment and

afterwards, all to his damage.

126. That as a result of said beatings, slamming, kneeling, kicking, punches and other actions against Mr. Besedin, the Plaintiff ROBERT BESEDIN, SR. sustained damages and injuries, including but not limited to, personal injuries to his body, violation of civil rights, loss of income, permanent damage to reputation and standing in the community, loss of comfort, support and companionship, extreme mental and emotional harm and stress, impairment of earning power and other injuries not yet fully ascertained.

127. That by reason of the foregoing, Plaintiff has been placed in fear of his life, emotional damages, distress, pain, suffering, loss of self-esteem, self-doubt and exposed him to disgrace, public humiliation and embarrassment, was deprived of access to his family and was deprived of his constitutional rights and has been damaged in the sum of Five Million (\$5,000,000.00) Dollars.

AND AS FOR AN SEVENTH COUNT
FALSE ARREST (PENDENT STATE CLAIM)

128. Plaintiff, repeats, reiterates and realleges each and every allegation contained in paragraphs 1 through 127 of this Complaint, with the same force and effect as though fully set forth herein.

129. On or about the 7th day of February 2017 in the DEFENDANT COUNTY OF NASSAU, DEFENDANT OFFICERS intentionally, falsely, unlawfully and wrongfully, with force and without Plaintiff's consent and against his will, assaulted, battered, falsely arrested and falsely imprisoned Plaintiff by detaining Plaintiff and imprisoning him, and depriving him of his liberty for an unreasonable time.

130. By reason of the above and in particular said false arrest, Plaintiff's reputation has been greatly injured and he has been brought into public scandal and disgrace. Plaintiff has been greatly hindered and prevented from following and transacting his affairs, and business and has suffered great emotional trauma and harm, all to his damage.

131. That by reason of the foregoing, Plaintiff has been placed in fear of his life, suffers extreme emotional damages, distress, pain, suffering, loss of self-esteem, self-doubt and exposed him to disgrace, public humiliation, was deprived of access to his family and was deprived of his constitutional rights and has been damaged in the sum of Five Million (\$5,000,000.00) Dollars.

AND AS FOR A EIGHTH COUNT
ABUSE OF PROCESS (PENDENT STATE CLAIM)

132. Plaintiff, repeats reiterates and realleges each and every allegation contained in paragraphs 1 through 131 of this Complaint, with the same force and effect as though fully set forth herein.

133. DEFENDANTS' used their legal power and authority to commence and continue false criminal charges against Plaintiff in an attempt to gain benefit from doing so. DEFENDANTS sought and used the criminal process to cover up and seek protection from loss of employment, discipline and possible criminal prosecution by alleging that Plaintiff had engaged in criminal activity when they each knew and were well aware that he had not. Said acts were a violation of Federal Law and State Law in that Plaintiff's Fourth and Fourteenth Amendment Rights were violated as well as common law.

134. DEFENDANTS' accusations and allegations against Plaintiff were false, malicious, negligent, reckless, intentional and wrongful and were intended to cause Plaintiff injury and to harass Plaintiff and were clearly the improper exercise of the police power, the resources of

government, as well as an abuse of process.

135. That the false arrest, false imprisonment, assault, battery, excessive and unreasonable use of force, illegal transportation, and violation of Plaintiff's civil rights were brought about and caused by the actions of DEFENDANTS and that the same were a clear and intentional abuse of process causing Plaintiff severe damage.

136. As a result of the foregoing, Plaintiff has suffered injury to his good name and reputation and has suffered great mental and bodily distress during his false imprisonment and afterwards, all to his damage.

137. That as a result of said beatings, slamming, kneeling, kicking, punches and other actions against Mr. Besedin , the Plaintiff ROBERT BESEDIN, SR. sustained damages and injuries, including but not limited to, personal injuries to his body, violation of civil rights, loss of income, permanent damage to reputation and standing in the community, loss of comfort, support and companionship, extreme mental and emotional harm and stress, impairment of earning power and other injuries not yet fully ascertained.

138. That by reason of the foregoing, Plaintiff has been placed in fear of his life, emotional damages, distress, pain, suffering, loss of self-esteem, self-doubt and exposed him to disgrace, public humiliation and embarrassment was prevented from attending his work and business for a long time, was deprived of access to his family and was deprived of his constitutional rights and has been damaged in the sum of Five Million (\$5,000,000.00) Dollars.

AND AS FOR AN NINTH COUNT
INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS
(PENDENT STATE CLAIM)

139. Plaintiff repeats, reiterates, and realleges each and every allegation contained in paragraphs 1 through 138 of this Complaint with the same force and effect as though fully set forth herein.

140. The DEFENDANT COUNTY and DEFENDANT OFFICERS acted outrageously for their above-stated roles in the wrongful stop, detainment, false arrest, prolonged captivity, intimidation and public humiliation of the Plaintiff, ROBERT BESEDIN, SR.

141. Said emotional harm was exacerbated by the fabricated criminal charges against the Plaintiff, known by DEFENDANT COUNTY and DEFENDANT OFFICERS to be without basis. Yet DEFENDANTS prosecuted Plaintiff with the intention of causing extreme further harm, distress and duress to Plaintiff ROBERT BESEDIN, SR.

142. The DEFENDANTS knew that their conduct would cause severe and extreme emotional harm to Plaintiff.

143. DEFENDANT COUNTY and DEFENDANT OFFICERS, through their conduct, acts and omissions as set forth in the above pleaded allegations, acted outrageously and beyond the bounds of decency, for their above-stated, respective roles in: (a) the wrongful detainment, punching, kicking, stomping, mutilating, manhandling, false arrest, prolonged captivity, intimidation, and public humiliation of the Plaintiff, and (b) the concealment, cover-up, and failure to redress the wrongs done to Plaintiff.

144. The DEFENDANT COUNTY and DEFENDANT OFFICERS, committed the above stated reprehensible, extreme and outrageous actions against Plaintiff, with full knowledge that their conduct could cause severe and extreme emotional harm to Plaintiff and to other close family members that were present in to view said conduct.

145. Said extreme emotional harm, with psychological and physical symptoms manifesting therefrom, did in fact occur in this case, in that the Plaintiff Besedin was debilitated, terrified, humiliated, and caused to suffer fear for his life. As a result of the foregoing, Plaintiff has suffered injury to his good name and reputation and has suffered great mental and bodily distress during his false imprisonment and afterwards, all to his damage.

146. That as a result of said beatings, slamming, kneeling, kicking, punches and other actions against Mr. Besedin, the Plaintiff ROBERT BESEDIN, SR. sustained damages and injuries, including but not limited to, personal injuries to his body, violation of civil rights, loss of income, permanent damage to reputation and standing in the community, loss of comfort, support and companionship, extreme mental and emotional harm and stress, impairment of earning power and other injuries not yet fully ascertained.

147. That by reason of the foregoing, Plaintiff has been placed in fear of his life, suffers extreme emotional damages, distress, pain, suffering, loss of self-esteem, self-doubt and exposed him to disgrace, public humiliation and embarrassment was prevented from attending his work and business for a long time, was deprived of access to his family and was deprived of his constitutional rights and has been damaged in the sum of Five Million (\$5,000,000.00) Dollars.

AND AS FOR A TENTH COUNT
NEGLIGENCE (PENDENT STATE CLAIM)

148. The Plaintiff repeats, reiterates, and realleges each and every allegation contained in paragraphs 1 through 147 of this Complaint with the same force and effect as though fully set forth herein.

149. DEFENDANT COUNTY and DEFENDANT OFFICERS had a duty under 42 U.S.C. §1983, as well as under the Fourth, Fifth, Sixth and Fourteenth Amendments, and under New York State Law and their own rules and regulations, to prevent and cease the abusive treatment, beating, wrongful detainment, false arrest, false imprisonment, malicious and false charging and prosecuting, as well as a duty to investigate, supervise and discipline DEFENDANT OFFICERS and prevent other wrongful acts that were committed against Plaintiff ROBERT BESEDIN, SR.

150. In actively inflicting harm and failing to prevent the above stated abuses incurred by ROBERT BESEDIN, SR., all of the DEFENDANTS acted unreasonably, recklessly, and

negligently in failing to exercise the slightest amount of due care to secure and protect the civil and constitutional rights of the Plaintiff against illegal search and seizure, detained custody and arrest without access to counsel, Miranda warnings, and other due process violations. Said rights are guaranteed to the Plaintiff by 42 U.S.C. §1983 and by the Fourth, Fifth, and Fourteenth Amendments of the Constitution.

151. The breach of duty under each of the statutes, rules and regulations which formed the duty due to Plaintiff by DEFENDANT COUNTY and DEFENDANT OFFICERS was a direct and proximate cause of the harm suffered by Plaintiff ROBERT BESEDIN, SR. Said harm includes physical harm, pain and suffering, which continues to this day, monetary expenses in lost wages and legal costs, personal humiliation, damage to reputation and loss of standing in the community, and severe physical, emotional and psychological damage, resulting in the need to seek professional counseling for the trauma which he incurred.

152. That by reason of the foregoing, Plaintiff has been placed in fear of his life, suffers extreme emotional damages, distress, pain, suffering, loss of self-esteem, self-doubt and exposed him to disgrace, public humiliation and embarrassment was prevented from attending his work and business for a long time, was deprived of access to his family and was deprived of his constitutional rights and has been damaged in the sum of Five Million (\$5,000,000.00) Dollars.

WHEREFORE, the Plaintiff demands judgment against the DEFENDANTS:

- a) On the First Cause of Action in the sum of Five Million (\$5,000,000.00) Dollars;
- b) On the Second Cause of Action in the sum of Five Million (\$5,000,000.00) Dollars;
- c) On the Third Cause of Action in the sum of Five Million (\$5,000,000.00) Dollars;
- d) On the Fourth Cause of Action in the sum of Five Million (\$5,000,000.00) Dollars;
- e) On the Fifth Cause of Action in the sum of Five Million (\$5,000,000.00) Dollars;
- f) On the Sixth Cause of Action in the sum of Five Million (\$5,000,000.00) Dollars;
- g) On the Seventh Cause of Action in the sum of Five Million (\$5,000,000.00)

Dollars;

- h) On the Eighth Cause of Action in the sum of Five Million (\$5,000,000.00) Dollars;
- i) On the Ninth Cause of Action in the sum of Five Million (\$5,000,000.00) Dollars;
- j) On the Tenth Cause of Action in the sum of Five Million (\$5,000,000.00) Dollars;
- k) Punitive damages in the sum of Ten Million (\$10,000,000.00) Dollars;
- l) Declaratory Judgment that defendants willfully violated Plaintiffs' rights secured by federal and state law as alleged herein;
- m) Injunctive relief, requiring defendants to correct all past violations of federal and state law as alleged herein; to enjoin DEFENDANTS from continuing to violate federal and state law as alleged herein; and to order such other injunctive relief as may be appropriate to prevent any future violations of said federal and state laws;
- n) Award such other and further relief as this Court may deem appropriate, including costs and attorney's fees, pursuant to 42 U.S.C. §1988.

A JURY TRIAL IS HEREBY DEMANDED.

Dated: Hempstead, New York
February 6, 2018

LAW OFFICES OF
FREDERICK K. BREWINGTON

By: /S/ Frederick K. Brewington
FREDERICK K. BREWINGTON
Attorneys for Plaintiff
556 Peninsula Boulevard
Nassau, New York 11550
(516) 489-6959

DOCKET NO.: CV-18-819

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

X

ROBERT BESEDIN, SR.,

Plaintiff,

-against-

COUNTY OF NASSAU, NASSAU COUNTY POLICE
DEPARTMENT, POLICE OFFICER STEPHEN
BECKWITH AND POLICE OFFICER JOHN
MANTOVANI in their individual and official capacities,

Defendants.

X

SUMMONS AND COMPLAINT

X

LAW OFFICES OF
FREDERICK K. BREWINGTON
Attorneys for Plaintiff
556 Peninsula Boulevard
Hempstead, New York 11550
(516) 489-6959

BESEDIN.0312

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
ROBERT BESEDIN, SR.,

Plaintiff,

18-CV-00819 (JMA)(GRB)

-against-

ANSWER

COUNTY OF NASSAU, THE NASSAU COUNTY
POLICE DEPARTMENT, POLICE OFFICER
STEPHEN BECKWITH AND POLICE OFFICER
JOHN MANTOVANI in their individual and
official capacities,

Defendants.
-----X

Defendants, County of Nassau, the Nassau County Police Department, Nassau County Police Officer Stephen Beckwith and Nassau County Police Officer John Mantovani, by their attorney, Jared A. Kasschau, Nassau County Attorney, by Ralph J. Reissman, Deputy County Attorney, as and for their Answer to the Complaint of plaintiff Robert Besedin, Sr. ("plaintiff") filed February 7, 2018 [DE 1], state upon information and belief as follows:

AS AND FOR A RESPONSE TO "PRELIMINARY STATEMENT"

1. Deny the allegations set forth in paragraph 1.
2. Deny the allegations set forth in paragraph 2.
3. Deny the allegations set forth in paragraph 3.
4. Deny the allegations set forth in paragraph 4.
5. Deny the allegations set forth in paragraph 5.
6. Deny the allegations set forth in paragraph 6.

AS AND FOR A RESPONSE TO “JURISDICTION AND VENUE”

7. Paragraph 7 contains what purports to be federal question jurisdiction and pendent jurisdiction and, as such, requires no answer by defendants. Defendants respectfully refer the Court to the statutes cited in paragraph 7 for their true text and legal import.

8. Paragraph 8 contains what purports to be venue and, as such, requires no answer by defendants. Defendants respectfully refer the Court to the statutes cited in paragraph 8 for their true text and legal import.

9. Deny the allegations set forth in paragraph 9, and respectfully refer the Court to the documents and statutes cited therein for their true text and import.

10. Deny the allegations set forth in paragraph 10 insofar as they refer to the allegations set forth in paragraph 9, and respectfully refer the Court to the documents and statutes cited in paragraph 9 for their true text and import.

AS AND FOR A RESPONSE TO “PARTIES”

11. Deny knowledge or information sufficient to form a belief as to the allegations set forth in paragraph 11.

12. Admit the allegations set forth in paragraph 12.

13. Admit the allegations set forth in paragraph 13

14. Deny the allegations set forth in paragraph 14, except admit that defendants Stephen Beckwith and John Mantovani are employed by the Nassau County Police Department; that they acted at all times relevant to the Complaint within the scope of such employment; and aver that since this paragraph fails to specify any “statutes, ordinances, regulations, policies, customs and usages of the State of New York and/or County,” no response thereto is required from defendants.

15. Admit the allegations set forth in paragraph 15.

16. Admit the allegations set forth in paragraph 16.

17. The allegations set forth in paragraph 17 call for a conclusion of law and, as such, require no response from defendants.

18. Admit the allegations set forth in paragraph 18.

19. Deny the allegations set forth in paragraph 19.

AS AND FOR A RESPONSE TO "FACTUAL ALLEGATIONS"

20. Deny the allegations set forth in paragraph 21.

21. Since the allegations set forth in paragraph 22 call for a conclusion of law, no response is required from defendants.

22. Deny the allegations set forth in paragraph 22.

23. Deny the allegations set forth in paragraph 23.

24. Deny the allegations set forth in paragraph 24.

25. Deny the allegations set forth in paragraph 25.

26. Deny the allegations set forth in paragraph 26.

27. Deny the allegations set forth in paragraph 27.

28. Deny the allegations set forth in paragraph 28.

29. Deny the allegations set forth in paragraph 29.

30. Deny the allegations set forth in paragraph 30.

31. Deny the allegations set forth in paragraph 31.

32. Deny the allegations set forth in paragraph 32.

33. Deny the allegations set forth in paragraph 33.

34. Deny the allegations set forth in paragraph 34.

35. Deny the allegations set forth in paragraph 35.

36. Deny the allegations set forth in paragraph 36.

37. Deny the allegations set forth in paragraph 37.

38. Deny the allegations set forth in paragraph 38.

39. Deny the allegations set forth in paragraph 39, and respectfully refer the Court to the documents cited therein for their true text and legal import.

40. Deny the allegations set forth in paragraph 40.

41. Deny the allegations set forth in paragraph 41.

42. Deny the allegations set forth in paragraph 42.

43. Deny the allegations set forth in paragraph 43.

44. Deny the allegations set forth in paragraph 44.

45. Deny the allegations set forth in paragraph 45.

46. Deny the allegations set forth in paragraph 46.

47. Deny the allegations set forth in paragraph 47.

48. Deny the allegations set forth in paragraph 48.

**AS AND FOR A RESPONSE TO "FIRST COUNT" – 42 U.S.C. § 1983 – FALSE ARREST
MALICIOUS PROSECUTION, UNREASONABLE AND EXCESSIVE USE OF FORCE**

49. In response to paragraph 49, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 48 with the same force and effect as though fully set forth herein.

50. Deny the allegations set forth in paragraph 50.

51. Deny the allegations set forth in paragraph 51.

52. Deny the allegations set forth in paragraph 52.

53. Deny the allegations set forth in paragraph 53.

54. Deny the allegations set forth in paragraph 54.

- 55. Deny the allegations set forth in paragraph 55.
- 56. Deny the allegations set forth in paragraph 56.
- 57. Deny the allegations set forth in paragraph 57.
- 58. Deny the allegations set forth in paragraph 58.
- 59. Deny the allegations set forth in paragraph 59.
- 60. Deny the allegations set forth in paragraph 60.
- 61. Deny the allegations set forth in paragraph 61.
- 62. Deny the allegations set forth in paragraph 62.
- 63. Deny the allegations set forth in paragraph 63.
- 64. Deny the allegations set forth in paragraph 64.
- 65. Deny the allegations set forth in paragraph 65.
- 66. Deny the allegations set forth in paragraph 66.
- 67. Deny the allegations set forth in paragraph 67.
- 68. Deny the allegations set forth in paragraph 68.
- 69. Deny the allegations set forth in paragraph 69.

AS AND FOR A RESPONSE TO "SECOND COUNT"
42 U.S.C. § 1983 – ABUSE OF PROCESS

70. In response to paragraph 70, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 69 with the same force and effect as though fully set forth herein.

- 71. Deny the allegations set forth in paragraph 71.
- 72. Deny the allegations set forth in paragraph 72.
- 73. Deny the allegations set forth in paragraph 73.
- 74. Deny the allegations set forth in paragraph 74.

- 75. Deny the allegations set forth in paragraph 75.
- 76. Deny the allegations set forth in paragraph 76.
- 77. Deny the allegations set forth in paragraph 77.
- 78. Deny the allegations set forth in paragraph 78.
- 79. Deny the allegations set forth in paragraph 79.
- 80. Deny the allegations set forth in paragraph 80.
- 81. Deny the allegations set forth in paragraph 81.
- 82. Deny the allegations set forth in paragraph 82.
- 83. Deny the allegations set forth in paragraph 83.
- 84. Deny the allegations set forth in paragraph 84.
- 85. Deny the allegations set forth in paragraph 85.
- 86. Deny the allegations set forth in paragraph 86.
- 87. Deny the allegations set forth in paragraph 87.

AS AND FOR A RESPONSE TO "THIRD COUNT"
42 U.S.C. § 1983 MUNICIPAL LIABILITY

88. In response to paragraph 88, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 87 with the same force and effect as though fully set forth herein.

- 89. Deny the allegations set forth in paragraph 89.
- 90. Deny the allegations set forth in paragraph 90.
- 91. Deny the allegations set forth in paragraph 91.
- 92. Deny the allegations set forth in paragraph 92.
- 93. Deny the allegations set forth in paragraph 93.
- 94. Deny the allegations set forth in paragraphs 94(a), 94(b), 94(c), 94(d) and 94(e.)

95. Deny the allegations set forth in paragraph 95.

96. Deny the allegations set forth in paragraph 96.

97. Deny the allegations set forth in paragraph 97.

98. Deny the allegations set forth in paragraph 98.

99. Deny the allegations set forth in paragraph 99.

AS AND FOR A RESPONSE TO “FOURTH COUNT”
42 U.S.C. § 1983 – FAILURE TO INTERVENE

100. In response to paragraph 100, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 99 with the same force and effect as though fully set forth herein.

101. Deny the allegations set forth in paragraph 101.

102. Deny the allegations set forth in paragraph 102.

103. Deny the allegations set forth in paragraph 103.

104. Deny the allegations set forth in paragraph 104.

105. Deny the allegations set forth in paragraph 105.

106. Deny the allegations set forth in paragraph 106.

107. Deny the allegations set forth in paragraph 107.

108. Deny the allegations set forth in paragraph 108.

109. Deny the allegations set forth in paragraph 109.

AS AND FOR A RESPONSE TO “FIFTH COUNT”
ASSAULT AND BATTERY (PENDENT STATE CLAIM)

110. In response to paragraph 110, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 109 with the same force and effect as though fully set forth herein.

111. Deny the allegations set forth in paragraph 111.

112. Deny the allegations set forth in paragraph 112.

113. Deny the allegations set forth in paragraph 113.

114. Deny the allegations set forth in paragraph 114.

115. Deny the allegations set forth in paragraph 115.

116. Deny the allegations set forth in paragraph 116.

117. Deny the allegations set forth in paragraph 117.

118. Deny the allegations set forth in paragraph 118.

119. Deny the allegations set forth in paragraph 119.

AS AND FOR A RESPONSE TO "SIXTH COUNT"
FALSE IMPRISONMENT (PENDENT STATE CLAIM)

120. In response to paragraph 120, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 119 with the same force and effect as though fully set forth herein.

121. Deny the allegations set forth in paragraph 121.

122. Deny the allegations set forth in paragraph 122.

123. Deny the allegations set forth in paragraph 123.

124. Deny the allegations set forth in paragraph 124.

125. Deny the allegations set forth in paragraph 125.

126. Deny the allegations set forth in paragraph 126.

127. Deny the allegations set forth in paragraph 127.

AS AND FOR A RESPONSE TO "SEVENTH COUNT"
FALSE ARREST (PENDENT STATE CLAIM)

128. In response to paragraph 128, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 127 with the same force and effect as though fully set forth herein.

129. Deny the allegations set forth in paragraph 129.

130. Deny the allegations set forth in paragraph 130.

131. Deny the allegations set forth in paragraph 131.

AS AND FOR A RESPONSE TO "EIGHTH COUNT"
ABUSE OF PROCESS (PENDENT STATE CLAIM)

132. In response to paragraph 132, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 131 with the same force and effect as though fully set forth herein.

133. Deny the allegations set forth in paragraph 133.

134. Deny the allegations set forth in paragraph 134.

135. Deny the allegations set forth in paragraph 135.

136. Deny the allegations set forth in paragraph 136.

137. Deny the allegations set forth in paragraph 137.

138. Deny the allegations set forth in paragraph 138.

AS AND FOR A RESPONSE TO "NINTH COUNT"
INTENTIONAL INFLECTION OF EMOTIONAL DISTRESS
(PENDENT STATE CLAIM)

139. In response to paragraph 139, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 138 with the same force and effect as though fully set forth herein.

140. Deny the allegations set forth in paragraph 140.

141. Deny the allegations set forth in paragraph 141.

142. Deny the allegations set forth in paragraph 142.

143. Deny the allegations set forth in paragraph 143.

144. Deny the allegations set forth in paragraph 144.

145. Deny the allegations set forth in paragraph 145.

146. Deny the allegations set forth in paragraph 146.

147. Deny the allegations set forth in paragraph 147.

AS AND FOR A RESPONSE TO "TENTH COUNT"
NEGLIGENCE (PENDENT STATE CLAIM)

148. In response to paragraph 148, defendants repeat and reallege each and every response to paragraphs 1 through and including paragraph 147 with the same force and effect as though fully set forth

149. Deny the allegations set forth in paragraph 149.

150. Deny the allegations set forth in paragraph 150.

151. Deny the allegations set forth in paragraph 151.

152. Deny the allegations set forth in paragraph 152.

AS AND FOR A FIRST AFFIRMATIVE DEFENSE

153. The Complaint fails to state a claim upon which relief can be granted.

AS AND FOR A SECOND AFFIRMATIVE DEFENSE

154. Plaintiff's constitutional rights have not been violated by defendants.

AS AND FOR A THIRD AFFIRMATIVE DEFENSE

155. Plaintiff's statutory rights have not been violated by defendants.

AS A FOR A FOURTH AFFIRMATIVE DEFENSE

156. At all applicable times herein, and at all times mentioned in the Complaint, defendant County of Nassau, its agencies, departments, officers, agents, servants and/or employees,

including the Nassau County Police Department and the Nassau County District Attorney's Office, and their officers, agents, servants and/or employees, enjoyed, and continue to enjoy, a full, partial or qualified immunity from civil suit.

AS AND FOR A FIFTH AFFIRMATIVE DEFENSE

157. At all applicable times herein, and at all times mentioned in the Complaint, defendant County of Nassau, the Nassau County Attorney's Office, and defendants Stephen Beckwith and John Mantovani enjoyed, and continue to enjoy, a full, partial or qualified immunity from civil suit.

AS AND FOR A SIXTH AFFIRMATIVE DEFENSE

158. At all applicable times herein, and at all times mentioned in the Complaint, defendants Stephen Beckwith and John Mantovani acted reasonably in the proper and lawful exercise of their discretion.

AS AND FOR A SEVENTH AFFIRMATIVE DEFENSE

159. At all applicable times herein, and at all times mentioned in the Complaint, the duties and functions of the County of Nassau's officials entailed the exercise of proper and lawful discretion. Therefore the County of Nassau enjoys governmental immunity from liability.

AS AND FOR AN EIGHTH AFFIRMATIVE DEFENSE

160. At all applicable times herein, and at all times mentioned in the Complaint, the County of Nassau, the Nassau County Police Department, and their officers, agents, servants and/or employees having anything to do with plaintiff, including defendants Stephen Beckwith and John Mantovani, were acting in the performance of their respective duties as officers, agents, servants and/or employees of the County of Nassau and the Nassau County Police Department,

and as officers, agents, servants and/or employees of the State of New York; that all of the acts of each officer, agent, servant and/or employee of the County of Nassau and the Nassau County Police Department in connection with the plaintiff were performed in good faith, without malice, and with reasonable and proper care in the ordinary course of their duties as officers, agents, servants and/or employees of the County of Nassau, the Nassau County Police Department and the State of New York.

AS AND FOR A NINTH AFFIRMATIVE DEFENSE

161. Under the case of *Monell v. New York City Department of Social Services*, 436 U.S. 658 (1978) and its progeny, the alleged acts or omissions of County Defendants named in the Complaint, and/or any officers, agents, servants and/or employees of defendant County of Nassau, do not create vicarious liability against defendant County of Nassau pursuant to the doctrine of *respondeat superior* and, consequently, defendant County of Nassau cannot be liable for any acts or conduct of any individual defendant herein, and/or the acts or conduct of any agent, servant or employee of defendant County of Nassau with respect to any and all claims brought pursuant to 42 U.S.C. § 1983, as a matter of law.

AS AND FOR A TENTH AFFIRMATIVE DEFENSE

162. Punitive damages may not be recovered against defendant County of Nassau, its agencies and departments as a matter of law.

AS AND FOR AN ELEVENTH AFFIRMATIVE DEFENSE

163. Plaintiff has failed to mitigate his damages in this action.

AS AND FOR A TWELFTH AFFIRMATIVE DEFENSE

164. Plaintiff has failed to comply with the requirements of New York General Municipal Law §§ 50-e, 50-h and/or 50-i.

AS AND FOR A THIRTEENTH AFFIRMATIVE DEFENSE

165. Plaintiff has failed to comply with the requirements of New York County Law § 52.

AS AND FOR A FOURTEENTH AFFIRMATIVE DEFENSE

166. The arrest of plaintiff was supported by probable cause.

AS AND FOR A FIFTEENTH AFFIRMATIVE DEFENSE

167. The prosecution of plaintiff was supported by probable cause.

AS AND FOR A SIXTEENTH AFFIRMATIVE DEFENSE

168. If plaintiff sustained damages as alleged in the Complaint, such damages were sustained through and by virtue of the negligent and/or wrongful conduct of parties other than defendants, over whom said defendants exercised no control, without any negligent or wrongful conduct on the part of said defendants, their officials, agents, servants or employees contributing thereto.

WHEREFORE, defendants, County of Nassau, the Nassau County Police Department, Stephen Beckwith and John Mantovani, demand judgment dismissing the Complaint in its entirety, together with costs, disbursements and attorney's fees, together with all such other and further relief the Court deems just and proper .

Dated: Mineola, New York
July 2, 2018

JARED A. KASSCHAU
Nassau County Attorney
Attorney for Defendants

By: /s/ Ralph J. Reissman
RALPH J. REISSMAN
Deputy County Attorney
1 West Street
Mineola, New York 11501
(516) 571-3046

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK**

ROBERT BESEDIN, SR.,

Plaintiff,

18-CV-00819 (JMA)(GRB)

-against-

**COUNTY OF NASSAU, THE NASSAU COUNTY
POLICE DEPARTMENT, POLICE OFFICER
STEPHEN BECKWITH AND POLICE OFFICER
JOHN MANTOVANI in their individual and
official capacities,**

Defendants.

ANSWER

**JARED A. KASSCHAU
Nassau County Attorney
Attorney for Defendants
RALPH J. REISSMAN
Deputy County Attorney
1 West Street
Mineola, New York 11501
(516) 571-3046**

Certificate #: U-000024842-F

Page 1 of 1



NASSAU DISTRICT COURT
 99 Main Street, Hempstead, NY 11550
 Phone: (516) 493-4200

FEE
 Non-Public
 Version

The People of the State of New York
 vs.

Robert Besedin

Certificate of Disposition

Docket Number:

CR-003642-17NA

Defendant DOB: 03/06/1945

Arrest Date:

Arraignment Date: 02/08/2017

THIS IS TO CERTIFY that the undersigned has examined the files of the Nassau District Court concerning the above entitled matter and finds the following:

Count	Arraignment Charge	Charge Weight	Disposition	Disposition Date
1	PL 120.05 03 DF Assault In The Second Degree **SEALED 160.50**	DF	Reduced to (Count #4)	01/29/2018
2	PL 205.30 AM Resisting Arrest **SEALED 160.50**	AM	Dismissed (Other Jurisdictional/Legal Impediment (CPL 170.30 (1)(f)), Sealed 160.50)	01/29/2018
3	PL 240.26 01 V Harassment-2nd:Physical Contact **SEALED 160.50**	V	Dismissed (Other Jurisdictional/Legal Impediment (CPL 170.30 (1)(f)), Sealed 160.50)	01/29/2018
4	PL 120.00 AM Assault-3rd **SEALED 160.50**	AM	Dismissed (Other Jurisdictional/Legal Impediment (CPL 170.30 (1)(f)), Sealed 160.50)	01/29/2018

Dated: February 7, 2018

MICHAEL BEGANSKAS

Chief Clerk/Clerk of the Court

CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT SEAL

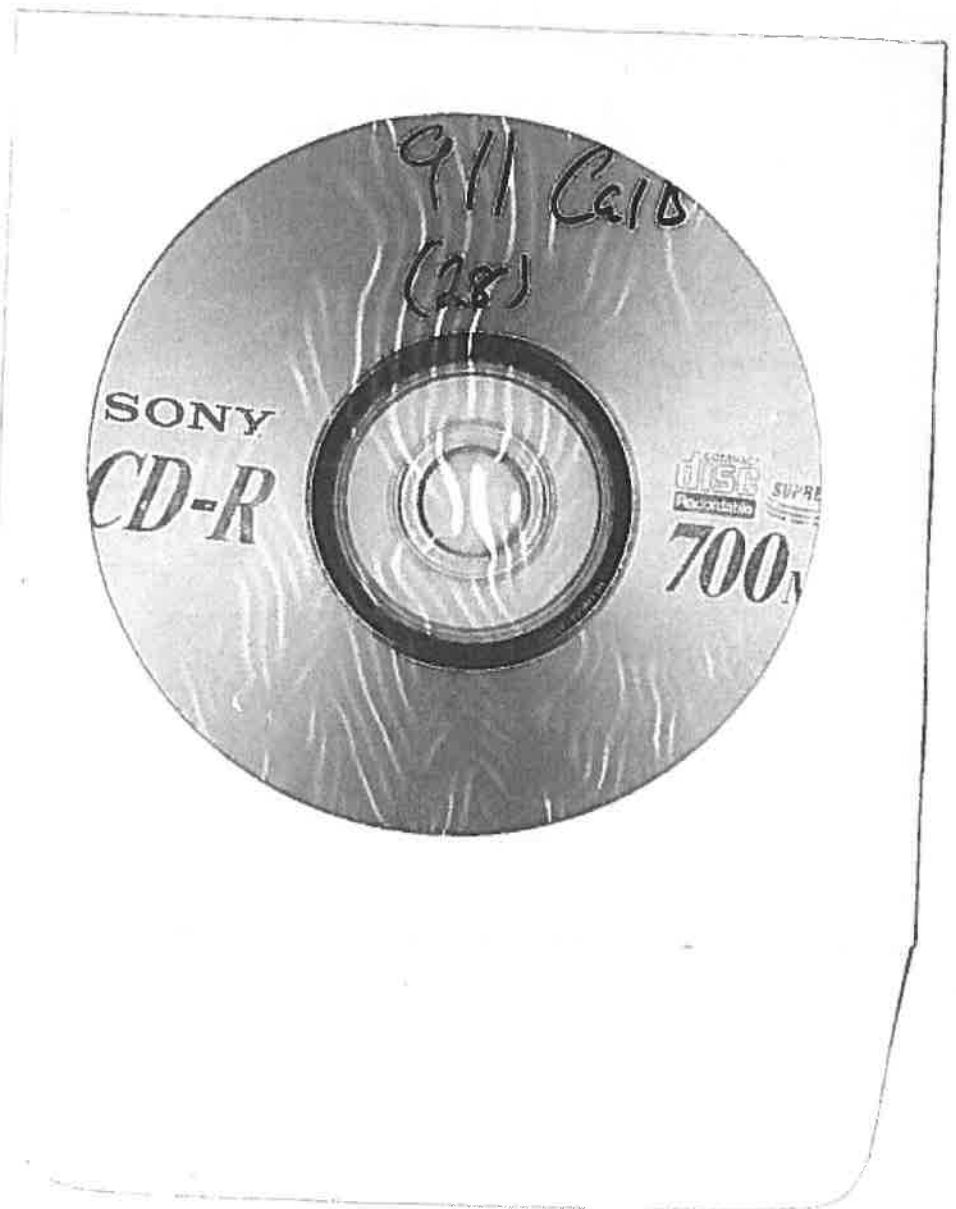
It shall be an unlawful discriminatory practice, unless specifically required or permitted by statute, for any person, agency, bureau, corporation or association, including the state and any political subdivision thereof, to make any inquiry about, whether in any form of application or otherwise, or to act upon adversely to the individual involved, any arrest or criminal accusation of such individual not then pending against that individual which was followed by a termination of that criminal action or proceeding in favor of such individual, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law, in connection with the licensing, employment or providing of credit or insurance to such individual; provided, further, that no person shall be required to divulge information pertaining to any arrest or criminal accusation of such individual not then pending against that individual which was followed by a termination of that criminal action or proceeding in favor of such individual, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law. The provisions of this subdivision shall not apply to the licensing activities of governmental bodies in relation to the regulation of guns, firearms and other deadly weapons or in relation to an application for employment as a police officer or peace officer as those terms are defined in subdivisions thirty-three and thirty-four of section 1.20 of the criminal procedure law; provided further that the provisions of this subdivision shall not apply to an application for employment or membership in any law enforcement agency with respect to any arrest or criminal accusation which was followed by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law. [Executive Law § 296 (16)]

Arraignment charges may not be the same as the original arrest charges.

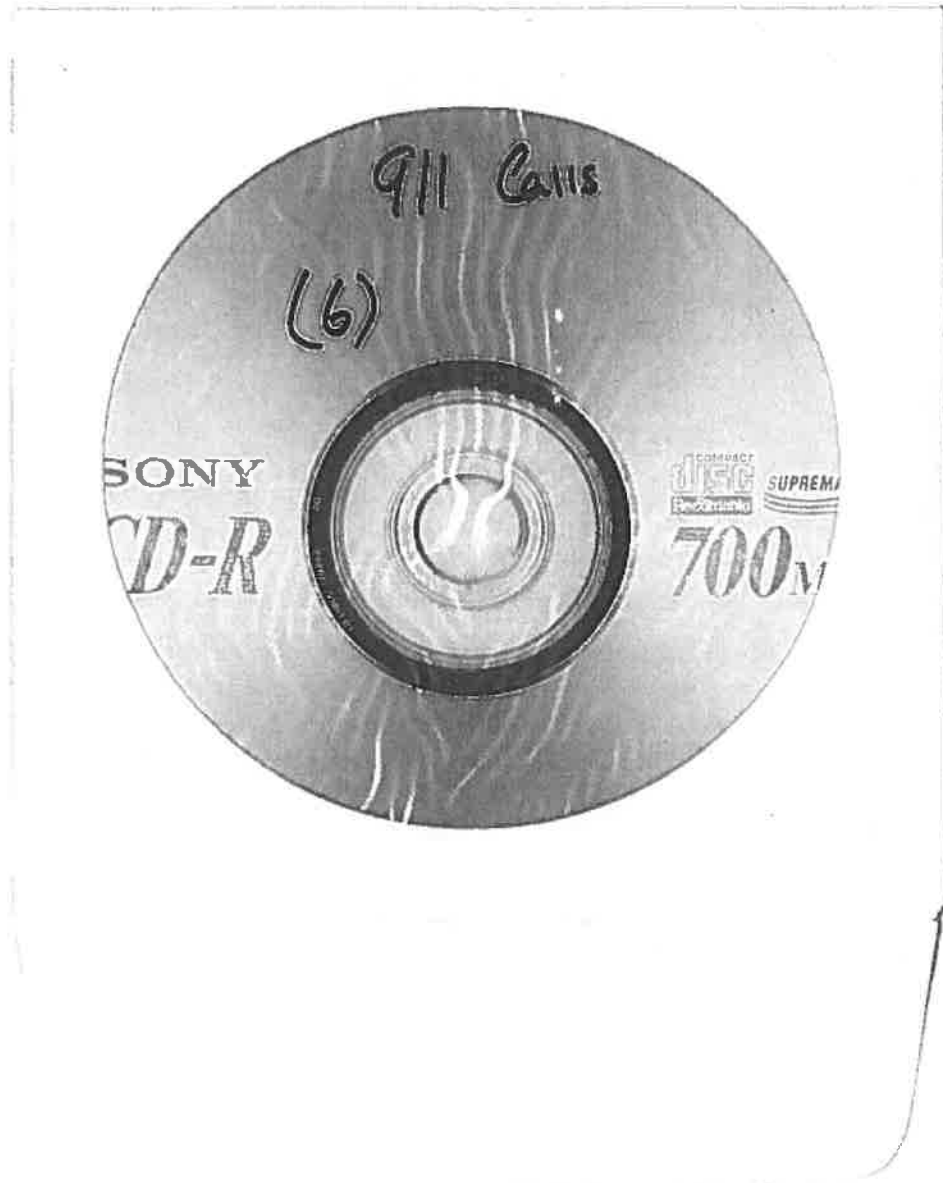
CPL 160.50: All official records (excluding published court decisions or opinions or records and briefs on appeal) related to the arrest or prosecution on file with the Division of Criminal Justice Services, any court, police agency or prosecutor's office shall not be available to any person or public or private agency.

BESEDIN.0327






BESEDIN.0329



BESEDIN.0330



BESEDIN-VIDEOS

BESEDIN.0331



front of house cam POV



front of house camera



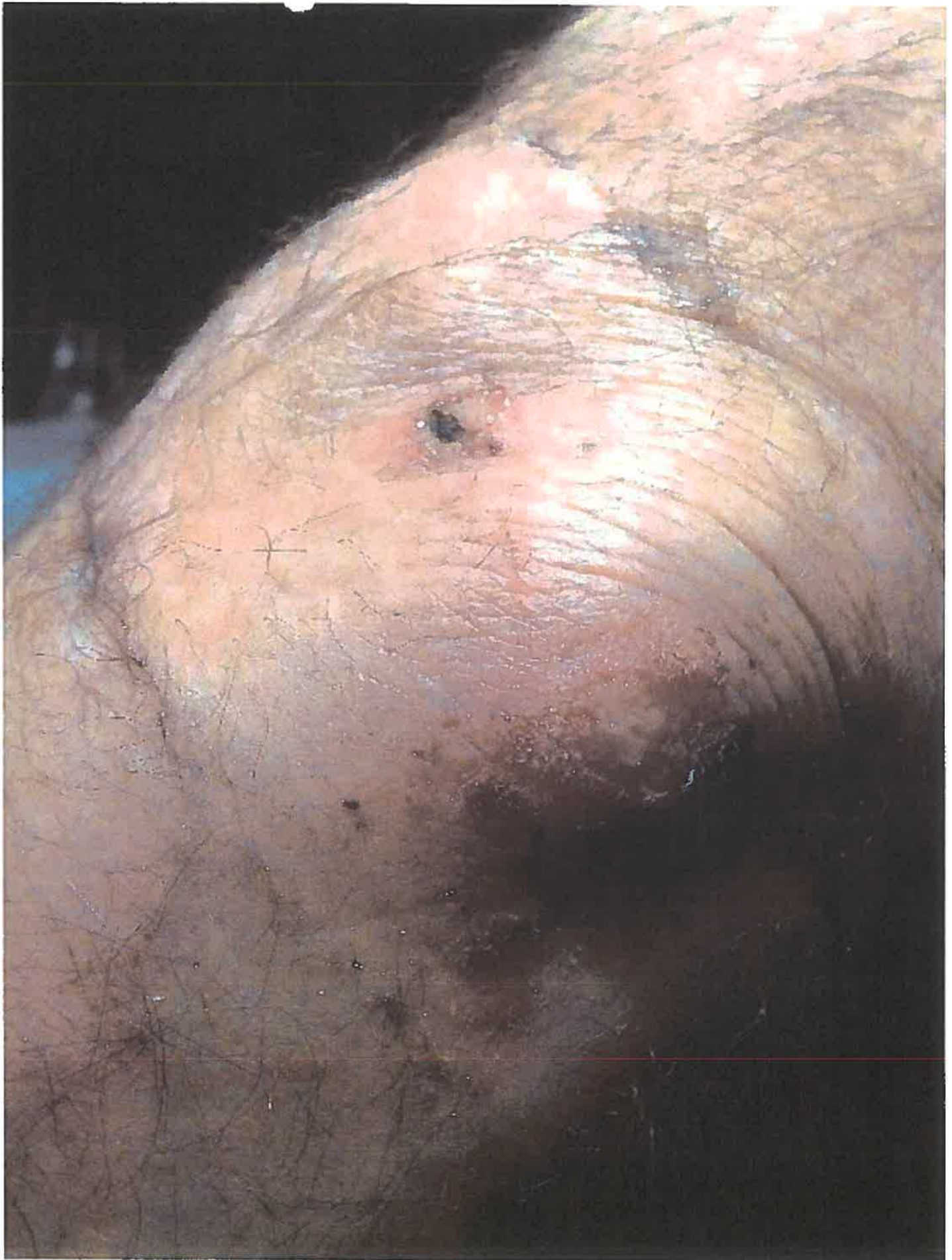
 front of house.



 front of house



 front steps



Left Elbow

BESEDIN.0337



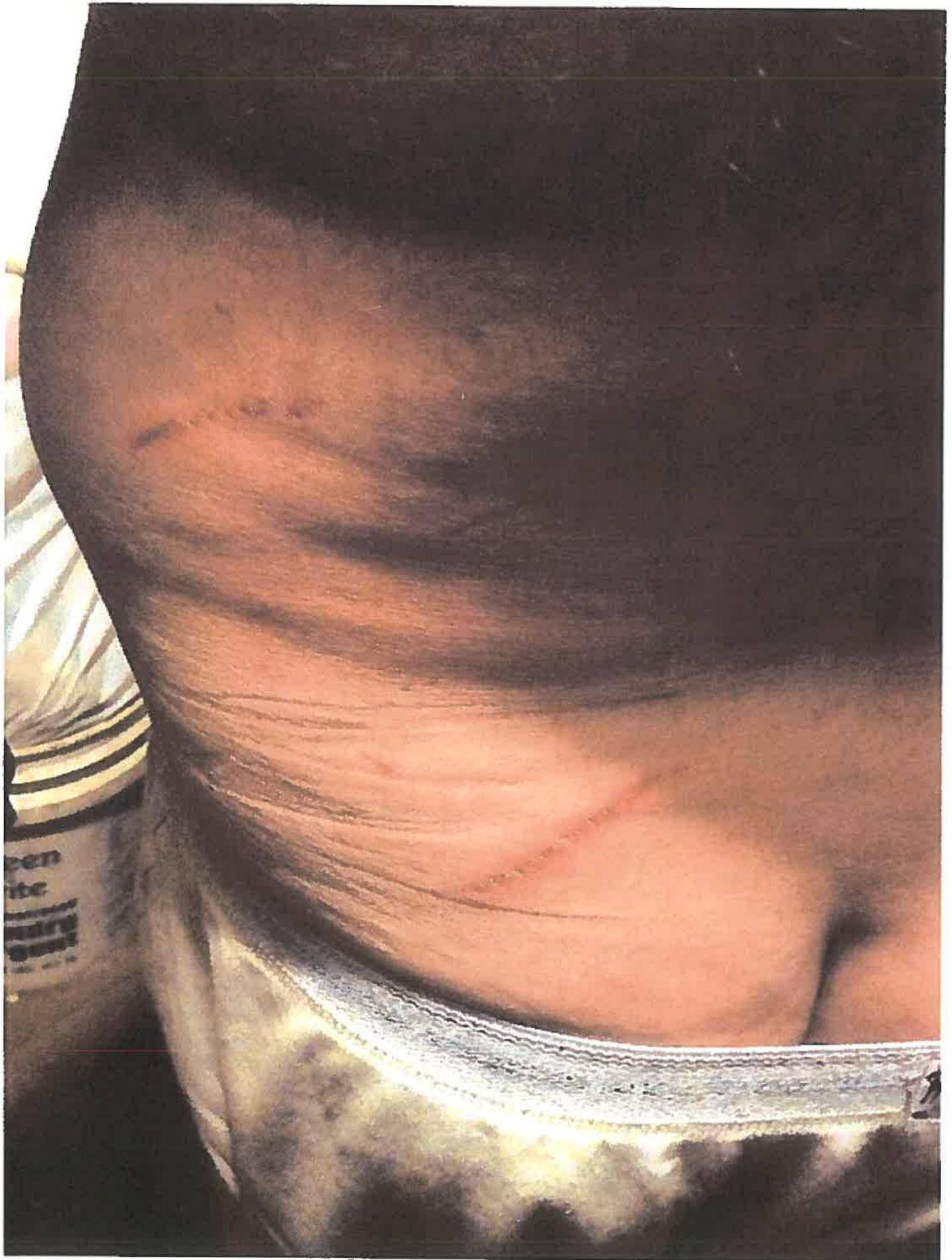
Left Elbow2

BESEDIN.0338



Left Hip


BESEDIN.0339



Left Lower Back

BESEDIN.0340



 Left wrist Handcuffs

BESEDIN.0341



 Left wrist slammed down on

BESEDIN.0342

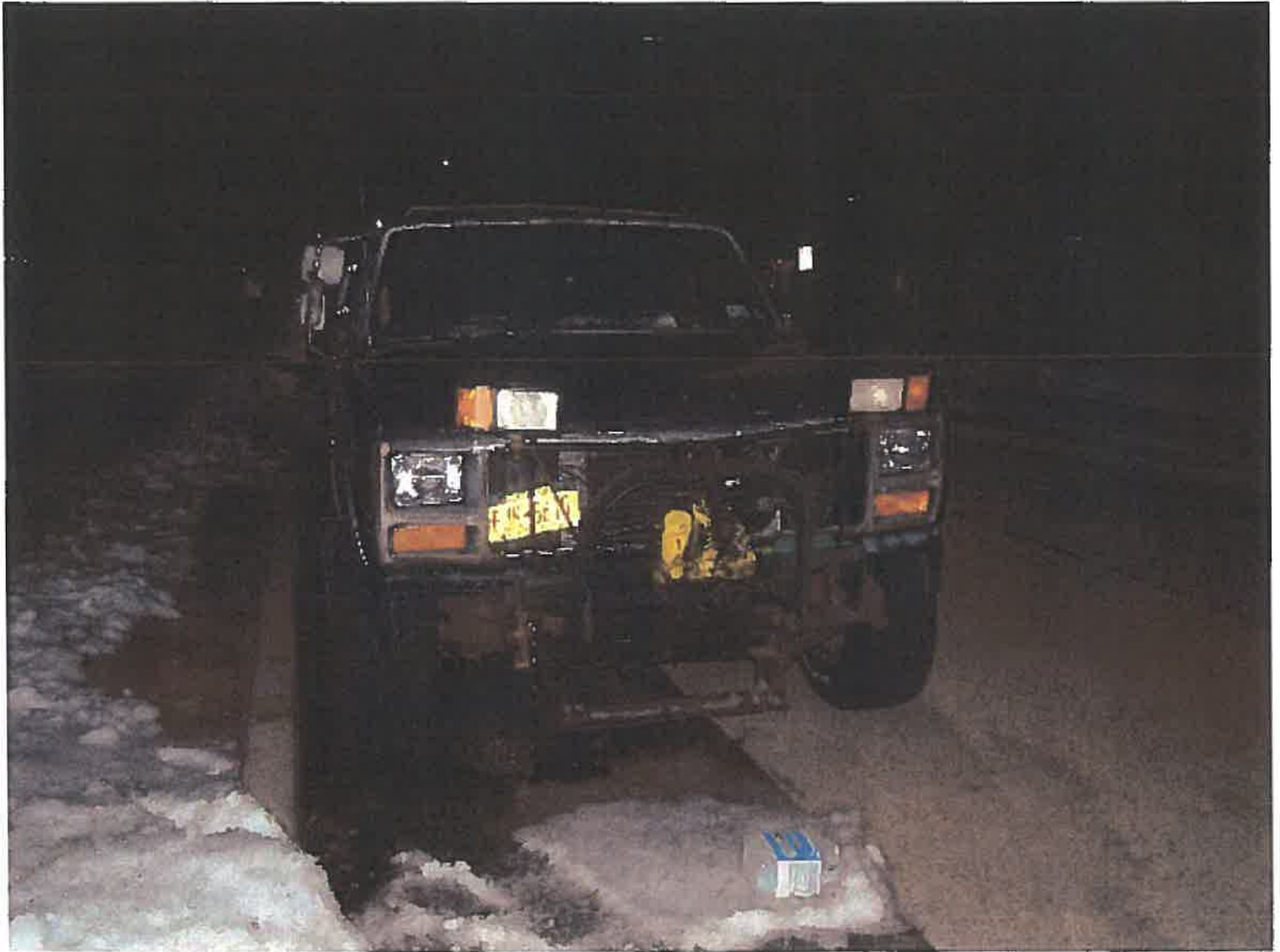


 Right Hip

BESEDIN.0343



 Truck 1



 Truck 2

BESEDIN.0345



Truck 3



 Truck parked 1



 Truck parked 2



 Truck parked 3

DOCKET NO.: CV-18-819

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ROBERT BESEDIN, SR.,

Plaintiff,

-against-

COUNTY OF NASSAU, NASSAU COUNTY POLICE
DEPARTMENT, POLICE OFFICER STEPHEN
BECKWITH AND POLICE OFFICER JOHN
MANTOVANI in their individual and official capacities,

Defendants.

PLAINTIFF'S INITIAL DISCLOSURES
PURSUANT TO FED R. CIV. PRO. 26

LAW OFFICES OF

FREDERICK K. BREWINGTON

Attorneys for Plaintiff

556 Peninsula Boulevard

Hempstead, New York 11550

(516) 489-6959

NASSAU CO. ATTORNEY
2019 APR 15 AM 11 08